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Claim File Summary Information

STEVEN ALFANO Name

SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Report date: 12/28/2007 7:00:02 AM EST

Employee File

Prefix Name	•	First Name Last Name	STEVEN ALFANO	MI Suffix Name	e
Certholder Code	S - Social Security Numb	er SSN	099-44-9648		
Date of Birth	01/14/1958	Age	49		
Gender	Male	Marital Status	Unknown	SIT State	NEW YORK
Address Inform	ation				
Address Line 1	3800 WALDO AVE, 13-0	i			
Address Line 2					
City	BRONX	State/Province	NEW YORK	Zip Code	10463
Country	United States	Other			
Phone Informat	ion				
Туре		Number		Ext.	
Туре		Number		Ext.	
Туре		Number		Ext.	
Туре		Number		Ext.	
E-Mail Address	P-6///				
l aat Changad He	er SCOTT KARCH		Last Changed Date	12/07/2000	12:00 AM

Created: 04/03/2004 05:06 AM

Primary Claim File Name STEVEN ALFANO SSN 099-44-9648 DOB 01/14/1958 Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 **Incurred Date** 06/06/2000 CORNE Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554 **Assignment Information Team Name D-SAM Recert** Claim Office Nurse **Vocational Rehab** Claim Type LTD Claim Reopened Reason Claim Status Reason Denied, Not TD Own Occ **Financial Arrangement** 1 - Fully Insured In Suit Indicator Incident Information **Last Day Worked** 06/06/2000 Hours Worked Last Day 09/28/2005 **Benefit Start Date** 12/03/2000 Benefit Term Date **Benefit Paid Through Date** 10/27/2005 Claim Registered Date 12/08/2000 **Received Date** 12/07/2000 STD to LTD Transition Date **NEW YORK** Any-Occ Date 09/28/2005 **SUTA State** Incurred Date 06/06/2000 Standard Length of Disability Duration (in Days) Part Time **Full Time Red Flag** Does Not Exist **Medical Information** Mental Illness Limit 1 - Duration Restricted Claim Complexity Primary ICD Code 72252 **Primary ICD Description** LUMB/LUMBOSAC DISC DEGEN Secondary ICD Code **Secondary ICD Description** Condition Illness **Occupation Information Occupation Category** 01 - Officials and Managers Date of Hire 05/05/1991 **Employee ID** Work Related? Officials and Managers Job Title **Cause of Loss Description** 054 - Sickness -- Non-Occ **Key Dates** ERD **ERD Reason Code Provider's Estimated RTW Actual RTW** 02/06/2001 Proof of Loss Date **Med Approved Through SAM Information**

Page 4 of 83

Pre-SAM Effective Date **SAM Review Type**

SAM Effective Date

Policy / Key Change Information

Rated/Ported Code

3 - Pooled

Number of Months in Split

Split Transition Date

LINA Only

Policy Symbol

NYK **Policy Number** 000 Coverage Code

0001972

80B

Suffix

CG Only Account Number Major/Minor

Policy Code Division

Sub Minor

Last Changed User ID

Mark Sodders

Last Changed Date

09/28/2005 03:10 PM

Med/Voc

Name STEVEN ALFANO SSN

099-44-9648 DOB 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972

Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Medical Information

Date Accident Happened or Symptoms First

Appeared

Provider's Estimated RTW

ERD

Primary ICD Code

72252

Primary ICD Description

LUMB/LUMBOSAC DISC

DEGEN

Secondary ICD Code

Secondary ICD Description

Actual RTW Date Level of Functional Capacity

Healthcare Connect

Healthcare Connect

CHC Data Source CHC Medical Product Type

CHC Well Aware

Early Notice ID

CHC Eligibility Source

CIGNA Behavioral Type

Treatment Information

Name of Hospital or

Clinic

Date Admitted Expected Delivery Date Actual Delivery Date

Date Discharged

Delivery Method Complications

Type of Surgery

Mandatory Rehab

Date of Surgery

DOT Description

Occupational

Characteristics

DOT Occupational Titles1 DOT Occupational Titles3

Vocational Rehab Information

DOT Occupational Titles2 Claimant Educational

Background

Claimant Work History

Rehab Closed Date Rehab Accepted Date **RTW Category** Outcome

Last Changed User

Acenza Admin

Last Changed Date

03/09/2007 10:30 PM

Financial

Name STEVEN ALFANO Account Name

SSN 099-44-9648 DOB

01/14/1958

WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972

Incurred Date 06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Compensation Information

Weekly Amount

\$ 1369.23

Monthly Amount

\$ 5933.32

Average Weekly Wage (for 8 \$ 0.00 weeks preceding disability)

Total Hours Worked per

Week

Benefit Information

Waiting Period

Specify Other

Specify Other

Waiting Period Code

06 - > 154 Days <= 184 Days

Maximum Period

Total Benefits Paid Through Amount

\$ 122109.03

Period Code

07 - Age 65

Contribution Information

STD Effective Date

Contribution Taxability

0%

Buy-Up Effective Date

Buy-Up Taxability

Post-Tax Buy-Up Contribution

0%

LTD Effective Date

Tax Contribution

Employer-Calculated Blended Contribution

50%

Overpayment Information

Total Amount

\$ 0.00

Deduct Amount

\$ 0.00

Deduct Start Date

Social Security Information

Date of Birth of Youngest

Dependent

Spouse Date of Birth

Reimbursement Agreement

Authorization Form Received Date

Received Date Vendor Name

1

Own Representation

Vendor Referred Date

Benefit Segment Index

Net Benefit Effective Date **Gross Benefit Amount** Net Benefit Amount **Benefit Segment Number** 12/03/2000 \$ 4153.32 \$ 100.00

\$ 3560.00 2 12/06/2000 \$ 2050.00 12/07/2000 \$ 3560.00 \$ 3560.00 3

4	02/05/2001	\$ 3560.00	\$ 3560.00
5	02/03/2003	\$ 4153.32	\$ 1888.32
6	07/03/2004	\$ 4153.32	\$ 2273.45
7	12/03/2004	\$ 4153.32	\$ 2125.32

Benefit Segment Information					
Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005		
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32		
Integration Method	03 - Backdoor Override	Override	70 %		
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32		
Calculation Basic	60 %	Basic Amount	\$ 3559.99		
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00		
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 4153.32		
Net Benefit Amount	\$ 100.00	Net Benefit Type	M - Minimum Benefit		
Net Benefit Effective Date	12/03/2000				

Offset Information

Offset	Туре	Status	Effective Date	Term Date	Amount
23 - F	ehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
	nort Term lity Income	A - Actual or Approved Offset	06/05/2000		\$ 2894.41
04 - Pi w/ free	rimary Disability eze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - D freeze	,	01 - SS Award @ Initial Application	12/01/2000		\$ 755.00
					\$

Benefit Seament Information

Denem Jegment imorna			
Benefit Frequency		Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 2050.00	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	12/06/2000		

Offset Information					
Offset Type	Status	Effective Date	Term Date	Amount	
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00	
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00	
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00	

Page 8 of 100

Benefit Segment Inf	ormation			
Зenefit Frequeпсу	M - One N Day)	fonth (Standard 30	Benefit Paid Through Date	10/27/2005
Compensation Freque	- ,		Compensation Amount	\$ 5933.32
ntegration Method		door Override	Override	70 %
Calculation Rounding ndicator	A - Basic / Dollar	Amt to Nearer	Override Amount	\$ 4153.32
Calculation Basic	60 %		Basic Amount	\$ 3559.99
Benefit Minimum Amo	unt \$ 100.00		Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$		Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 3560.00	•	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective D	late 12/07/200	0		- 11232
Offset Information				
Offset Type	Status	Effective D	ate Term Date	Amount
23 - Rehabilitation	T - Expected RT	W 06/06/2000	0	\$ 0.00
01 - Short Term	V - Terminated	12/06/2006	0	\$ 0.00
Disability Income				•
				\$
				\$
Benefit Seament Inf	ormation			\$
Benefit Segment Inf Benefit Frequency		Month (Standard 30	Benefit Paid Through Date	\$
Benefit Segment Inf Benefit Frequency		Month (Standard 30	Benefit Paid Through Date	\$ \$
	M - One M Day)	Month (Standard 30	Benefit Paid Through Date Compensation Amount	\$ \$ 10/27/2005 \$ 5933.32
Benefit Frequency	M - One M Day) n cy Monthly	Month (Standard 30 door Override	-	\$ \$ 10/27/2005
Benefit Frequency Compensation Freque Integration Method Calculation Rounding	M - One M Day) Incy Monthly 03 - Back	·	Compensation Amount	\$ \$ 10/27/2005 \$ 5933.32
Benefit Frequency Compensation Freque Integration Method	M - One M Day) Incy Monthly 03 - Back A - Basic	door Override	Compensation Amount Override	\$ \$ 10/27/2005 \$ 5933.32 70 %
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 %	door Override	Compensation Amount Override Override Amount	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 %	door Override	Compensation Amount Override Override Amount Basic Amount	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 %	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo	M - One M Day) ncy Monthly 03 - Back A - Basic Dollar 60 % sunt \$ 100.00 \$ \$ 3560.00	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount	M - One M Day) ncy Monthly 03 - Back A - Basic Dollar 60 % sunt \$ 100.00 \$ \$ 3560.00	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount	M - One M Day) ncy Monthly 03 - Back A - Basic Dollar 60 % sunt \$ 100.00 \$ \$ 3560.00	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount Net Benefit Effective C	M - One M Day) ncy Monthly 03 - Back A - Basic Dollar 60 % sunt \$ 100.00 \$ \$ 3560.00 Date 02/05/200	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less Offsets
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount Net Benefit Effective C Offset Information	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 % Sunt \$ 100.00 \$ \$ 3560.00 Date 02/05/200	door Override Amt to Nearer	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type Date Term Date	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less Offsets Amount
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount Net Benefit Effective C Offset Information Offset Type 23 - Rehabilitation 01 - Short Term	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 % Sunt \$ 100.00 \$ \$ 3560.00 Date 02/05/200 Status T - Expected RT	door Override Amt to Nearer Effective E W 06/06/200	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type Date Term Date 0	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less Offsets Amount \$ 0.00
Benefit Frequency Compensation Freque Integration Method Calculation Rounding Indicator Calculation Basic Benefit Minimum Amo Flat Benefit Amount Net Benefit Amount Net Benefit Effective D Offset Information Offset Type 23 - Rehabilitation 01 - Short Term Disability Income 04 - Primary Disability	M - One M Day) Incy Monthly 03 - Back A - Basic Dollar 60 % Status T - Expected PT V - Terminated	door Override Amt to Nearer Effective E W 06/06/200	Compensation Amount Override Override Amount Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type Date Term Date 0	\$ \$ 10/27/2005 \$ 5933.32 70 % \$ 4153.32 \$ 3559.99 \$ 15000.00 \$ 3560.00 N - Gross or Gross less Offsets Amount \$ 0.00 \$ 0.00

			10
Benefit Segment Informa	tion		
Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 1888.32	Net Benefit Type	X - Override Max less Offsets
Net Benefit Effective Date	02/03/2003		
Offset Information			[
Offset Type Statu	ıs Effective D	ate Term Date	Amount
04 - Primary Disability 01 -	SS Award @ Initial 12/01/2000 ication)	\$ 1510.00
	SS Award @ Initial 12/01/2002 ication	2	\$ 755.00
			\$
			\$
			\$
			si .
Benefit Segment Informa	tion		
Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Moπthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount Net Benefit Effective Date	\$ 2273.45 07/03/2004	Net Benefit Type	C - COLA Updates
Offset Information			
Offset Type State	ıs Effective D	ate Term Date	Amount
04 - Primary Disability 01 -	SS Award @ Initial 12/01/2000		\$ 1510.00
06 - Dependent SS with 01 -	SS Award @ Initial 12/01/2002	2	\$ 755.00
•••			\$ 0.00
			\$ 0.00
			\$ 0.00
			_
Benefit Segment Informa	ition		
Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005

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Compensation Frequency Integration Method Calculation Rounding Indicator	Monthly 03 - Backdoor Override A - Basic Amt to Nearer Dollar	Compensation Amount Override Override Amount	\$ 5933.32 70 % \$ 4153.32
Calculation Basic	60 %	Basic Amount	S 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	S 15000.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 2125.32	Net Benefit Type	C - COLA Updates
Net Benefit Effective Date	12/03/2004		

Officat	Information	

Offset Type	Status	Effective Date	Term Date	Amount
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
Last Changed User	Mark Sodders	Last Change	d Date 12	/22/2004 11:21 AM

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Eligibility

Name STEVEN ALFANO

099-44-9648 SSN

DOB

Yes

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Decision Information

Core Buy-Up Date

Date

Supplemental Information

CIGNA Life Insurance Waiver of Premium

Life Policy Number

Family Monthly

income

Pension Contribution

Total & Permanent

Disability

Late Submittal

Pension Supplement Nο

Continuity of

Pre-Existing Condition 6 - Policy has a PCL -na

Coverage

PCL Investigation End

PCL Investigation Begin

Date

Date

Occupational Provision

Employer Location Information

Location Number

Location

WEILL CORNELL MEDICAL

Address Line 1

ATTN: CLARE MCDONOUGH

Address Line 2

445 E. 69TH ST. RM 220

City

NEW YORK

State/Province NY

Zìp Code 10021

Last Changed User JOHN SCHOENER

Last Changed Date

07/03/2003 12:00 AM

SIU/Appeal

orom ppca	1 %					
Name	STEVEN	ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL ME	EDICAL COLLEGE OF	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sod	ders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Special Inves	tigation					
SIU Acceptance	Date		SIU	Completed Da	ate	
Appeal Inform	nation					
Claim Re-opene	d Date					
First Appeal						
Appeal Receive	d Date	05/30/2002				
Appeal Acknowl Letter Sent Date	-	t				
Appeal Resoluti		03/31/2006				
Second Appe	al					
Appeal Receive	d Date	09/21/2006				
Appeal Acknow	ledgemen	t 10/26/2006				
Letter Sent Date	:					
Appeal Resoluti	on Date	12/08/2006				
Last Changed U	lser	JOHN SCHOENER	L	ast Changed D	ate 07/03/20	003 12:00 AM

Supp Covg

STEVEN ALFANO 099-44-9648 DOB 01/14/1958 Name SSN 06/06/2000 Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 Incurred Date

CORNE

Incident # 513554 Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders

Family Monthly Income

Eligible No Claim Status

Benefit % 0.00% **Net Benefit Amount** \$ 0,00

Benefit Start Date Benefit Term Date Benefit Period Code **Benefit Frequency**

Employee Contribution 0.00 %

Pension Supplement

Claim Status Eligible No 0.00 % \$ 0.00 Benefit % **Net Benefit Amount**

Benefit Term Date Benefit Start Date Benefit Period Code Benefit Frequency

0.00 % **Employee**

Contribution%

Pension Contribution

Taxable Eligible No

Benefit % 0.00% \$ 0.00 **Net Benefit Amount**

0.00 % Employee Contribution%

Total & Permanent Disability

Paid Out As Interest Rate 0.00 %

TPD Amount \$ 0.00 **TPD Rate** 0.00 %

Spouse Information

М **Last Name** First Name Date of Birth SSN If Employed Is Spouse Employed?

Last Changed Date 07/03/2003 12:00 AM Last Changed User JOHN SCHOENER

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Follow-Up Tasks - General Follow-Up

STEVEN ALFANO Name

099-44-9648 SSN

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

file received from closed storage? Ordered 09/10

Comment/Instruction

File rec'd and sent to copy service for request by attorney. Copy of file and letter sent to attorney on 09/20/2007.

Last Changed User

Leon Farmer

Last Changed Date

09/20/2007 09:41 AM

Status:

Completed

Assigned To:

Leon Farmer

Created:

09/07/2007 05:22 PM

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Follow-Up Tasks - General Follow-Up

Name

STEVEN ALFANO

SSN

099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Please recall from closed storage. Thnx Leon

Comment/Instruction

Last Changed User

Wilma Lord

Last Changed Date

09/14/2007 12:59 PM

Status:

Completed

Assigned To:

Wilma Lord

Created:

09/10/2007 12:26 PM

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Follow-Up Tasks - Correspondence Task

Name

STEVEN ALFANO

Core Team Appeal Ack Ltr

SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

Incident # 513554

06/06/2000

Claim Eff Dt-Status 09/28/2005 - Closed

Claim Manager Mark Sodders

Title

Comment/Instruction

DocGen System Notice of Letter Creation.

Reference -1146781~967044-

Role: Attorney Specialty:

Primary Recipient: DELOTT, JEFFREY

Company: LAW OFFICES OF JEFFREY DELOTT

Category:

System title: Core Team Appeal Ack Ltr

Author: FARMER, CLAUDE Date Sent: Sep 10 2007 12:41PM

User title: att ack Enclosures Indicator: CC Indicator:

Last Changed User

Leon Farmer

Last Changed Date

09/10/2007 12:41 PM

Status:

Completed

Assigned To:

Leon Farmer

Created:

09/10/2007 12:41 PM

Page 17 of 83

Follow-Up Tasks - General Follow-Up

Name STEVEN ALFANO SSN 099-44-9648

01/14/1958 DOB

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

CORNE

Incident # 513554 Claim Manager Mark Sodders

Claim Eff Dt-Status 09/28/2005 - Closed

Title

CX asked for third appeal.

Comment/Instruction

Calm was denied on a vol appeal on 12/07/2006. CX sent a letter dated 08/06/2007 wanting another appeal. CX appeal rights were ehausted in letter of 12/07/2006. I talked to Medha in appeals and it was agreed no other appeal would be considered. Letter sent to CX on 08/14/2007 advising we would not consider any additional appeal. Letter is in acclaim.

Last Changed User

Leon Farmer

Last Changed Date

08/14/2007 03:45 PM

Status:

Completed

Assigned To:

Leon Farmer

Created:

08/14/2007 03:44 PM

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Follow-Up Tasks - Correspondence Task

Name STEVEN ALFANO SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Free Form Letter

Comment/Instruction

DocGen System Notice of Letter Creation.

Reference ~1088032~915560~

Role: Claimant Specialty:

Primary Recipient: ALFANO, STEVEN

Company: Category:

System title: Free Form Letter Author: FARMER, CLAUDE Date Sent: Aug 14 2007 3:37PM User title: Appeal Ehausted Enclosures Indicator:

CC Indicator:

Last Changed User

Leon Farmer

Last Changed Date

08/14/2007 03:37 PM

Status:

Completed

Assigned To:

Leon Farmer

Created:

08/14/2007 03:37 PM

Appeal Process

Name

STEVEN ALFANO

SSN

099-44-9648 DOB 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972

Incurred Date

06/06/2000

Claim Manager Mark Sodders Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee Medha Bharadwaj

Date 10/26/2006 03:30 PM

Karol Johnson

Appeal Assignee

Detailed Acknowledgement Letter Sent Date

10/27/2006

Action Plan/Investigation Results

Voluntary appeal, 48 yom off work since 06/06/00 due to chronic back pain. Cx was paid LTD from 12/03/00 through 10/27/2005. Claim was denied based on an FCE showing cx could do sedentary work and TSA identified cx's own occupation. On voluntary appeal. Claim was staffed with Dr. Mendez as some new medical information was sent in. Medical did not support I/r precluding sedentary work. On voluntary appeal, no medical information was submitted. However, Gary Person, appeal manager, and Karol Johnson, ASCM, directed me to refer file for an orthopaedic peer review. Letter sent to atty advising of PR and PR form emailed to ANCM to facilitate the PR. PR received, see below for summary. PR stated that the I.r precluding sedentary work are not supported per the FCE. PR said cx would need to change positions, however this would still be in the confines of sedentary work. Cx's occ is sedentary, affirm and exhaust.

Refer to MC/NCM

Date 12/11/2006 10:05 AM

Medha Bharadwai

MC/NCM

Medical Investigation Results

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per TL request. Vendor notified of request

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-1-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not ox should change positions frequently, limit walking to not greater than one block. Please see report for details. ANCM discussed with ACM and file returned.

Karen Haley RN

✓ Refer Back To Assignee

Date 11/29/2006 02:16 PM

User ID

Karen Halev

Recommendation

Appeal Assignee Recommendation

Referred to CAT TL/SCM/TL of Assignee

Upheld Original Denial

Date 12/07/2006 01:38 PM

User ID

Medha Bharadwai

Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial

If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee,

User ID Date 12/08/2006 09:35 AM Gary Person

Comments

Decision reviewed

Page 20 of 83

Appeal Decision Letter Sent				Date 12/11/2006 10:04 AM			User ID Medha Bharadwaj		
Last Changed User		Medha Bharadwaj		Last Change			1/2006 11:05 AM		
Status:	Completed	Assigned To:	Medha	Bharadwaj			10/26/2006 04:30 PM		

Peer Review

Name

STEVEN ALFANO

SSN

099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

CORNE

Account # NYK0001972

Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

ASO Only

Customer Approved

Date

First Name

Last Name

Peer Review

Requested Provider

Orthopedist

Specialty Rationale

Conflicting Medical Information

Specify Other

Vendor Referred Date

10/30/2006 11/01/2006 Vendor Acknowledgement Date * 11/01/2006

Claimant Notification Date

Special Instructions

Peer Review Provider

Provider Specialty

Orthopedic Surgeon

michael

11/29/2006

Last Name

weiss

City '

First Name

CARROLLTON

State /

Province

Ext.

TEXAS

Zip Code * 75007

Phone Number

Fax Number

Report Received

Date Outcome '

Does Not Support Functionality

Complete Vendor QA Form

Vendor Quality Assurance

Customer Service

1. The ease in using this vendor service is rated as (on a scale of 1 to 5)

Where 1 = Very Difficult and 5 = Very Easy

Impact

2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5)

Where 1 = No impact and 5 = Strong impact

Professionalism

3. Professional Delivery and Quality of Vendor Service (on a scale of 1 to 5)

Where 1 = Least Professional and 5 = Most Professional

Follow-up Required

4. Was an Addendum Needed?

No

3

3

3

Reason for Addendum

Filed 07/28/2008 Page 22 of 100

No

Page 22 of 83

Vendor Alert Form

5. Was a Vendor Alert Form submitted on this referral?

Yes 6. Were vendor fees within contracted fee schedule? \$ 0.00 Cost '

If No, provide rationale for additional costs

Comments

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per Tt. request. Vendor notified of request.

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-1-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not cx should change positions frequently, limit walking to not greater than one block. Please see report for details. ANCM discussed with ACM and file returned.

Karen Haley RN

Last Changed User Last Changed Date 11/29/2006 03:15 PM Karen Haley Status: Completed Assigned To: Karen Haley Created: 11/09/2006 10:10 AM

Page 23 of 83

Follow-Up Tasks - Correspondence Task

Name STEVEN ALFANO
Account Name WEILL MEDICAL COLLEGE OF

SSN 099-44-9648

DOB

01/14/1958

CORNE

Account # NYK0001972 Incurred Date

ate

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Free Form Letter

Comment/Instruction

DocGen System Notice of Letter Creation.

Reference ~519274~420160~

Role: Attorney Specialty:

Primary Recipient: COHEN, ADAM Company: COHEN & SIEGEL, LLP

Category:

System title: Free Form Letter Author: BHARADWAJ, MEDHA Date Sent: Nov 13 2006 5:33PM

User title:

Enclosures Indicator:

Last Changed User

CC Indicator:

Medha Bharadwaj

Last Changed Date

11/13/2006 05:33 PM

Status:

Completed

Assigned To:

Medha Bharadwaj

Created:

11/13/2006 05:33 PM

Page 24 of 83

Follow-Up Tasks - General Follow-Up

Name STEVEN ALFANO SSN 099-44-9648 DOB 01/14/19581

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

CORNE

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Comment/Instruction

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User

Karol Johnson

Last Changed Date

11/03/2006 07:46 AM

Status:

Completed

Assigned To:

Karol Johnson

Created:

11/03/2006 02:59 AM

Page 25 of 83

Follow-Up Tasks - General Follow-Up

Name

STEVEN ALFANO

SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

CORNE

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Comment/Instruction

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User

Karol Johnson

Last Changed Date

10/30/2006 07:09 AM

Status:

Completed

Assigned To:

Karol Johnson

Created:

10/29/2006 02:54 AM

Page 26 of 83

Follow-Up Tasks - General Follow-Up

STEVEN ALFANO Name

SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Comment/Instruction

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User

Karol Johnson

Last Changed Date

10/30/2006 07:08 AM

Status:

Completed

Assigned To:

Karol Johnson

Created:

10/28/2006 03:43 AM

Page 27 of 83

Follow-Up Tasks - Correspondence Task

Name STEVEN ALFANO SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Free Form Letter

Comment/Instruction

DocGen System Notice of Letter Creation. Reference ~488209~394236~

Role: Attorney Specialty:

Primary Recipient: COHEN, ADAM Company: COHEN & SIEGEL, LLP

Category:

System title: Free Form Letter Author: BHARADWAJ, MEDHA Date Sent: Oct 27 2006 1:59PM

User title:

Enclosures Indicator: CC Indicator:

Last Changed User

Medha Bharadwaj

Last Changed Date

10/27/2006 01:59 PM

Status:

Completed

Assigned To:

Medha Bharadwaj

Created:

10/27/2006 01:59 PM

Page 28 of 83

Follow-Up Tasks - General Follow-Up

Name

STEVEN ALFANO

099-44-9648 SSN

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

CORNE

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM

Comment/Instruction

009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM

Last Changed User

Karol Johnson

Last Changed Date

10/27/2006 07:12 AM

Status:

Completed

Assigned To:

Karol Johnson

Created:

10/27/2006 03:03 AM

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958		
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000		
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed		
Core Team CI	aim Manager	***					
ERISA Indicator	r*		ERIS	A			
Financial Arran	gement		1 - Ft	illy Insured			
Appeal Receive	d Date *		09/21	/2006			
Appeal Acknow	ledgement Letter Sent Date *		10/26	5/2006			
Original Denial	Date			3/2005			
Reason for Orig	inal Denial *		A - Denied, Not TD Any Occ				
Does new infor	mation support re-open of claim?	*	No				
Rationale / Spec	cial Handling Instructions (if applic	cable)					
Prior review by I	loemi Landis.						
☐ Referred to	SCM/TL, if required	Date	te User ID				
SCM/TL			و ماه خست و شده و مساور ما در الماه و ما ما در الماه و ما ما در الماه و ما م				
Decision *	Send to CAT (LTD)						
If the decision is	s not to re-open, then re-route the	task to the p	arty selected a	above.			
Comments		•					
Comments							
	Re-open, refer to Claim Manager						
if decision is to	Re-open, refer to Claim Manager Referral Date (Re-opens only)			User ID			
If decision is to Claim Manager		10	/26/2006 03:30		Karol Johnson		
if decision is to Claim Manager	Referral Date (Re-opens only) reals Team / STD Appeals	10	/26/2006 03:30		Karol Johnson		
If decision is to Claim Manager Centralized App Gatekeeper Ref	Referral Date (Re-opens only) reals Team / STD Appeals	Data	/26/2006 03:30		Karol Johnson		
If decision is to Claim Manager Centralized App Gatekeeper Ref	Referral Date (Re-opens only) reals Team / STD Appeals reral Date recision Letter Sent (Re-Opens onl	y) Date	/26/2006 03:30 st Changed Da	PM User ID User ID	populari and post and		

Page 30 of 83

Follow-Up Tasks - Correspondence Task

Name

STEVEN ALFANO

SSN

099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Appeal Ack Ltr - Claimant Request for Appeal

Comment/Instruction

DocGen System Notice of Letter Creation.

Reference -86929-68042-

Role: Attorney Specialty:

Primary Recipient: COHEN, ADAM Company: COHEN & SIEGEL, LLP

System title: Appeal Ack Ltr - Claimant Request for Appeal

Author: SODDERS, MARK Date Sent: Mar 3 2006 3:37PM User title: Appeal Ack

Enclosures Indicator: CC Indicator: Y

Last Changed User

Mark Sodders

Last Changed Date

09/30/2006 04:59 PM

Status:

Completed

Assigned To:

Mark Sodders

Created:

03/03/2006 03:37 PM

Appeal Process

Name STEVEN ALFANO SSN 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972

06/06/2000 Incurred Date

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee Noemi Martinez-Landis

Date 03/07/2006 09:36 AM

User ID

Karol Johnson

Appeal Assignee

Detailed Acknowledgement Letter Sent Date

03/21/2006

Action Plan/Investigation Results

48 yom claiming LTD benefits from 10/28/05 forward. Benefits were paid from 12/3/00-10/27/05. Attorney submitting appeal cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also indicates that SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05. Medical submitted from Dr. Aleiades and Dr. Roach, indicates both AP's cites findings on PE, imaging tests, and L/R in one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005 showing moderate spinal stenosis L4-L5 and L5-S1. Will staff file with AMD. 3/29/06 based on mr on file fucntional deficits are not supported for time period in question and appeal is affirmed.

✓ Refer to MC/NCM

Date 03/22/2006 12:32 PM

User ID

Noemi Martinez-Landis

MC/NCM

Medical Investigation Results

AMD Mendez FCE reviewed along with job requirements. Validity measures met. Exam concluded Mr. Alfano was able to perform his sedentary level work duties. So original decision remains supported.

Refer Back To Assignee

Date 03/29/2006 11:51 AM

User ID

Noemi Martinez-Landis

Recommendation

Appeal Assignee Recommendation

Upheld Original Denial

Referred to CAT TL/SCM/TL of Assignee

Date 03/29/2006 11:55 AM

User ID

Noemi Martinez-Landis

Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial

If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee.

Date 03/31/2006 08:46 AM User ID Gary Person

Comments

Decision reviewed

Appeal Decision Letter Sent

Date 04/13/2006 02:29 PM

User ID

Noemi Martinez-Landis

Last Changed User

Noemi Martinez-Landis

Last Changed Date

04/13/2006 03:31 PM

Status:

Completed

Assigned To:

Noemi Martinez-Landis

Created:

03/07/2006 10:35 AM

Internal R	esource l	Referral							
Name	STEVEN AL	FANO		SSN	099-44-9648	DOB		01/14/1958	
Account Name	WEILL MEDIO	CAL COLLEGE	OF	Account #	NYK0001972	Incurred Dat	te	06/06/2000	•
Claim Manager	Mark Sodders	3		Incident #	513554	Claim Eff Dt	-Status	09/28/2005	- Closed
* Do not use th etc.), Legal, Pre-SAN							nai Refe	errais (IME,	FCE,
Legal, PTE-SAN	измиі, Очегра	ymem, sewen	ilein, a	ociai securi	ly and Outer L	enemo			
Title	needs review								
Referral Type	Medical		•						
Role	Associate Med	cal Director	Nam	е	Scott Taylor	New Nu	rse/VRC	of Record	
Occupatio Determine Projected Return to	onal requirements Functional Careturn to work Work Assistan	date is unclea	nt is ne	eded		a S Diagnosis			
Claim Con	nplexity Chang	leq							
✓ Other			Spec	ify Other					
Comments									
Please determi 7/30/05-1/15/00		cords on file su	ipport fu	ınctional defi	cits at a Mediu	m capacity on I	FT basis	beyond the	BWP,
Last Changed	User Noer	ni Martinez-Lan	dis	La	st Changed Da	ite 04/03/	2006 12:	12 PM	***************************************
Status: Con	npleted As	signed To:	Noer	mi Martinez-l	andis	Created:	04/03/20	06 12:12 P	M

Appeal Referral

Name STEVEN ALFANO SSN 099-44-9648 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

DOB

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Core Team Claim Manager

FRISA ERISA Indicator

1 - Fully Insured **Financial Arrangement** 02/28/2006 Appeal Received Date 03/03/2006 Appeal Acknowledgement Letter Sent Date 09/28/2005 **Original Denial Date**

A - Denied, Not TD Any Occ. Reason for Original Denial

Unable to Evaluate Does new information support re-open of claim?

Rationale / Special Handling Instructions (if applicable)

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referred medical submitted with Appeal to NCM for review. NCM's review indicates that this additional medical provided is insufficient to support a change in severity of delicits that significantly impacts function after the FCE.

Referring to appeals team for handling.

MDSodders CM

✓ Referred to SCM/TL, if required

Date 03/03/2006 01:51 PM

User ID Mark Sodders

SCM/TL

Decision

Send to CAT (LTD)

If the decision is not to re-open, then re-route the task to the party selected above.

Comments

If decision is to Re-open, refer to Claim Manager

Claim Manager Referral Date (Re-opens only)

User ID

User ID

Centralized Appeals Team / STD Appeals

03/03/2006 04:35 PM

User ID Kathy Harvey

Gatekeeper Referral Date

Appeal Decision Letter Sent (Re-Opens only)

03/07/2006 10:35 AM **Last Changed Date** Last Changed User Karol Johnson

03/03/2006 02:47 PM Karol Johnson Created: Assigned To: Status: Completed

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

12/28/2007

Page 34 of 83

Internal Re	esource Response				
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	s task for any of the following re	• •			rrals (IME, FCE,
Referral Type	Medical				
Role !	Nurse Case Manager	Name Kay Rh	odes	☐ New I	Nurse/VRC of Record
Check all that a	pply for Medical or Vocational				
Symptoms	insufficient to support diagnosis				
Treatment ;	plan and/or Provider specialty is no	ot consistent with	n Claimant's Dia	ignosis	
Occupation	al requirements assessment is ne	eded			
Determine I	Functional Capacity				
☐ Projected re	eturn to work date is unclear or un	determined			
☐ Return to W	Vork Assistance				
☐ Internal Tra	insferable Skills Assessment				
Claim Com	plexity Changed		•		
✓ Other		Specify Appeal Other	Medical Review	v	
Comments					
stated cited tests examination. At 07/26/05, most r worsening of ex medical. Attorne based on the the based on the afo	ted appeal letter. This letter states indicating L5 Nerve Root Imping torney also cited the SSA ALJ decretably medical from 2002. Attorn's condition. However, no mentioney did state that the FCE was the corapists report in the FCE, Sedental termentioned information, and that I carnings, Cx's claim should be re-	gement and Radicision to award (ney submitted many was ever made only item we util ry was chosen as the sum of evid	culopathy, and Cx. Information edical from 200 concerning the ized in making it was the low-	indicates that this is co posed to this office is 6 that shows, according findings of the FCE in the determination. Att est available on the for	prielated by physical prior to FCE dated in the following to attorney, a in correlation to this orney surmised that, irm. Attny stated that

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical recrods submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referring medical submitted with Appeal to NCM for review.

MDSodders CM

Title

Appeal Medical Review

Referral Accepted Yes

Date 03/03/2006

Comments

3/3/06 Additional medical sent w/appeal letter from attorney. Referred to NCM at this time for review of new medical to assess if there has been a change in cx condition providing a severity of deficits that impact functionality since FCE which

Page 35 of 83

identified functionality. Kay Rhodes, RN, CCM

Additional medical-

7/8/05 L/S MRI-L4, L5 mod stenosis, no nerve root displacement, stable.

1/6/06 Form completed by Dr Roach-provided tx dates from 7/6/00-7/1/05. Documented cx condition-chronic and has to lie down several times daily. State medications have S/E. R/L-sit 20 min cont for 2 hrs, stand 15 minutes for 1 hr, walk 1 block for 1 hr. He can never lift, carry, bend, squat, crawl, climb. He can reach occas and use upper extremity to grasp, push/pull, fine manipulation. He can use feet for repetitive mymts. He has mild R/L for heights, being around machinery, otherwise no environmental R/L. He can travel.

1/11/06 Form completed by Dr Alexiades/orthosx-provided tx dates from 5/15/96-7/14/05. Cont pain-various sites-leg, hip, back, numbness associated w/back pain. Exam-SLR-pos, weakness walking on toes, RT lateral hip pain, bursitis. MRI positive for stenosis, degenerative disc disease. Prognosis-poor. Has to lie down .5-2 hrs, x2-3/day. Meds-Vicodin, Feldene, OTC NSAIDS. No side effects reports. R/L-sit 20 min for 2 hrs, stand 15 min for less than 1.5 hrs, walk less than 1 block less than 1 hr. lift/carry-5 lbs occas, never ben, crawl, climb. Can squat, reach-occas. He can use hands for repetitive action for simple grasp, push/pull, fine manip. He can use feet for repetitive mymts. He is restricted to mild in heights and being around machinery. He can travel.

Investigation Result

NCM ASSESSMENT/PLAN

Additional medical provided is insufficient to support a change in severity of deficits that significantly impacts function after the FCE. This is evidenced by the FCE which was performed on 7/25/06 revealing that the cx had functionality at the sedentary level. The VRC identified positions that included the restrictions and limitations for alternating cx position when necessary. The forms that were completed by the APs with the additional medical provided vague responses from both APs with no objective measureable findings for range of motion and neurological deficits. One form from Dr Roach contained many illegible responses. The R/L the forms gave were inconsistent with what the cx tested in capabilities on the FCE on 7/26/05. Discussed with CM and file returned. Kay Rhodes, RN, CCM

Last Changed User		Kay Rhodes	Last Changed Date		03/03/2006 11:29 AM	
Status:	Completed	Assigned To:	Kay Rhodes	Created:	03/03/2006 08:49 AM	

Internal R	esource Refe	rral				
Name Account Name	STEVEN ALFANO WEILL MEDICAL CO CORNE	DLLEGE OF	SSN Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager			Incident #	513554	Claim Eff Dt-Status	: 09/28/2005 - Closed
etc.),	is task for any of the VSAM, Overpayment,					errals (IME, FCE,
Title	Appeal Medical Review	W				
Referral Type	Medical					
Role	Nurse Case Manager	Name	Kay Rho	ies	New Nurse/VRC	of Record
Check all that a	apply for Medical or V	ocational				
Symptoms	insufficient to supp	ort diagnosis				
☐ Treatment	plan and/or Provide	specialty is n	ot consister	it with Claimar	nt's Diagnosis	
Occupatio	nal requirements ass	sessment is ne	eded			
Determine	Functional Capacity					
Projected	return to work date is	s unclear or un	determined			
Return to	Work Assistance					
☐ Internal Tr	ansferable Skills Ass	sessment				
Claim Con	nplexity Changed					
✓ Other		Specify Other	r Appeal N	ledical Review		
Comments						
cited tests indice examination. A 07/26/05, most worsening of comedical. Attorn based on the the based on the a	tted appeal letter. This cating L5 Nerve Root II ttorney also cited the sonetably medical from x's condition. However ey did state that the Frerapists report in the forementioned informated earnings, Cx's claim	mpingement and SSA ALJ decision 2002. Attorney to the mention was the only FCE, Sedentary attorn, and that the sedentary and that the sedentary and that the sedentary attorn, and that the sedentary attorn.	d Radiculopa on to award (submitted ma as ever made y item we util y was choser ne sum of evi	ithy, and indical icx. Information edical from 200 concerning the ized in making as it was the lo	tes that this is correlated the posed to this office is a state shows, according the findings of the FCE in the determination. Attacked the control of the formal and the control of the first thick the control of this control of the first thick the	ed by physical prior to FCE dated ig to attorney, a n correlation to this priney surmised that, form. Attny stated that
imaging tests,	ted is from Dr. Aleiade and L/R only one actua rate spinal stenosis L	al medical recro	ds submitted	form completed, which is an M	d from both AP's that on the AP's that on the AP's that of the AP's that o	cites findings on PE, s 07/08/2005, which
Referring medi	cal submitted with App	eal to NCM for	review.			
MDSodders Ct	Vİ					
Last Changed	User Mark Sodde	ers	La	st Changed Da	nte 03/03/2006 0	B:49 AM
Status: Co	mpleted Assign	ned To:	Mark Sodde	ers Cre	ated: 03/03/200	6 08:49 AM

Claim Stra	tegy					
Name Account Name	STEVEN ALFA WEILL MEDICA CORNE		SSN Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager			Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Update Ration	nale					
Title Update Rational		al Medical Received r New Information				
For Walk-up and Role	l Nurse Interacti	ion Only	Name			
AMD NCM VRC CBH Spec	ialist	sources Present (c	heck all that	apply)		
Claim Status	Information					
Status	Closed					
Status Reason	Denied	, Not TD Own Occ				
Reopened Reas Second Eye Rev Required						
Second Ey	ve Review	Date	User ID			
Comments						
cited tests indic examination. At 07/26/05, most worsening of comedical. Attorn based on the that based on to 80 indexed cov	eating L5 Nerve Fittorney also cited notably medical (s condition. Howey did state that the aforementione ered earnings, C call submitted with	loot Impingement and the SSA ALJ decision and 2002. Attorney wever, no mention was the FCE was the only the FCE. Sedentand	d Radiculopa on to award (submitted m as ever made y item we util y was choser hat the sum o ecopened.	athy, and indicate Dx. Information and indicate from 200 and a concerning the lized in making and it was the logarithms as it was the logarithms.	parts of the disability of tes that this is correlat posed to this office is 6 that shows, according findings of the FCE is the determination. Attrowest available on the prindicates Cx is unable	ed by physical prior to FCE dated by to attorney, a n correlation to this priney surmised that, form. Attny stated
Duration Info	rmation					
			and the second s		4.00	

Page 38 of 83

Part Time Fu		Full Time		Red Flag	
Does Not Exist					
Provider's Estimated RTW Date			Days	0	
ERD			ERD Reason		
Primary ICD Code	72252	Model	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN	
Strategy Documen	tation				
Level of Functional Capacity					
Restrictions & Limital	tions				

Ct----

Attorney submitted appeal letter. This letter states that ox remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Referring Medical submitted with Appeal to NCM for review.

Subjective / Objective Findings / Treatment Outstanding Issues and Follow-up Dates

MDSodders CM			•			
Last Changed User		Mark Sodders	Last Changed Date		03/03/2006 08:45 AM	
Status	Completed	Assigned To:	Mark Sodders	Created:	03/03/2006 08:45 AM	

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Claimant (Contact			····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name	STEVEN ALE	ANO	SSN	099-44-9648		01/14/1958
Account Name	WEILL MEDIC CORNE	AL COLLEGE OF	Account #	NYK0001972	2 Incurred Da	ite 06/06/2000
Claim Manager	Mark Sodders		Incident #	513554	Claim Eff D	t-Status 09/28/2005 - Closed
Contact Infor	mation					
✓ First Pho	ne Call					
Result Suc			Date 09	/30/2005 01:1	1 PM User II	D Mark Sodders
Second F	hone Call					
Result			Date		User II	D
Generate	Letter/Fax		Date		User II	D
Incoming	Call		Date		User I	D
Mail Rece	pived		Date		User I	D
Treating Physic Functionality/Jo	sis/Symptoms ians/Treatmen bb Duties/Set E	/Co-Morbid Condition t Frequency/Current expectations	•	Plan/Hospital	ization	
Spouse Infor	mation		ent talis en	A market for a former denote the first	magic processor you go as a simple for other following.	
First Name			MI		ast Name	
SSN				te of Birth		
Is Spouse Empl Date of Birth of		endent	11 5	mployed		
Other Income B	- ,	endent				
Comments	· · · · · · · · · · · · · · · · · · ·	•				
Called cx at 718	 In addition, c 	form of denial and a x will be faxing over a				and will wait on denial letter
Last Changed L	Jser Mark	Sodders	La	st Changed E	Date 09/30	/2005 02:12 PM
Status: Cor	npleted	Assigned To:	Mark Sodde	rs Cr	eated: 09	/30/2005 01:16 PM

Claim Stra	tegy					
Name Account Name	STEVEN ALF, WEILL MEDICA CORNE	ANO AL COLLEGE OF	SSN Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager	· ·	· · · · · · · · · · · · · · · · · · ·	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Update Ration	nale					
Title Update Rational		al Team Staffing ing				
For Walk-up and Role	i Nurse Interac	ion Only	Name			
AMD NCM VRC CBH Spec	sialist sych Orthopedist	esources Present (c	heck all that	apply)		
Status Status Reason Reopened Reas Second Eye Re Required	Denied on	i, Not TD Own Occ				
Second Ey	ve Review	Date	User ID			
operate at a se-	dentary level oco e denied, not TD	cupation. The Transfe	k and neck p erable Skills A	ain. A Functior Analysis identifi	al Capacity Evaluation les the capacity to perf	shows an ability to orm own occupation.
Duration Info	rmation					
Part Time Does Not	Exist	Full Time		Red	Flag	
Provider's Estir RTW Date	nated		Days	0		
ERD Primary ICD Co	de 72252		ERD Rea Primary I Descripti	CD LUM	IB/LUMBOSAC DISC [DEGEN

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09/28/2005 03:13 PM

Strategy Documentation

Level of Functional Capacity

Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Completed

Strategy

Status:

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.

Mark Sodders

Created:

MDSodders CM

Last Changed User Mark Sodders Last Changed Date 09/28/2005 03:13 PM

Assigned To:

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Follow-Up Tasks - General Follow-Up

STEVEN ALFANO Name

SSN 099-44-9648 DOB 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u TSA

Comment/Instruction

08/08/05 referred 08/09/05 received

Last Changed User

Mark Sodders

Last Changed Date

08/09/2005 03:08 PM

Status:

Completed

Assigned To:

Mark Sodders

Created:

08/08/2005 08:48 AM

Internal Recourse Posnense

Vocational Rehab Counselor

New Nurse/VRC of Record

	esource nesponse				
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	s task for any of the following refe				errals (IME, FCE,
Referral Type \	/ocational				

Name Ginny Schmidt

Check all that apply for Medical or Vocational
Symptoms insufficient to support diagnosis
Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
Occupational requirements assessment is needed
Determine Functional Capacity
Projected return to work date is unclear or undetermined
Return to Work Assistance
☑ Internal Transferable Skills Assessment
Claim Complexity Channed

Other Comments

Role

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

Specify

Other

MDSodders CM

Title

TSA Results

Referral Accepted Yes

Date 08/09/2005

Comments

Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelors Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

			1 = 1 =	······································		
Last Changed User		Ginny Schmidt	Last Changed Date		08/09/2005 11:20 AM	
Status:	Completed	Assigned To:	Ginny Schmidt	Created:	08/08/2005 09:15 AM	

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

12/28/2007

Internal Resource Referral 01/14/1958 Name STEVEN ALFANO SSN 099-44-9648 DOB Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 Incurred Date 06/06/2000 CORNE Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554 * Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits TSA Title Referral Type Vocational Ginny Schmidt Vocational Rehab Counselor Name Role New Nurse/VRC of Record Check all that apply for Medical or Vocational Symptoms insufficient to support diagnosis ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis Occupational requirements assessment is needed Determine Functional Capacity Projected return to work date is unclear or undetermined Return to Work Assistance ✓ Internal Transferable Skills Assessment ☐ Claim Complexity Changed Specify Other Other Comments 08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME. As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly. MDSodders CM Last Changed Date 08/08/2005 09:15 AM **Last Changed User** Mark Sodders 08/08/2005 09:15 AM

Mark Sodders

Created:

Assigned To:

Status:

Completed

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Follow-Up Tasks - General Follow-Up

Name STEVEN ALFANO SSN 099-44-9648 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

CORNE Claim Manager Mark Sodders

Title

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

f/u FCE report

Comment/Instruction

06/09/05 referred 07/26/05 is date of testing 08/05/05 received

Last Changed User

Mark Sodders

Last Changed Date

08/08/2005 08:44 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

DOB

06/09/2005 01:35 PM

Internal Resource Response 01/14/1958 SSN 099-44-9648 DOB Name STEVEN ALFANO 06/06/2000 Account # NYK0001972 Incurred Date Account Name WEILL MEDICAL COLLEGE OF CORNE Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554 *Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits Referral Type Vocational Role Vocational Rehab Counselor Name Ginny Schmidt New Nurse/VRC of Record Check all that apply for Medical or Vocational Symptoms insufficient to support diagnosis Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis Occupational requirements assessment is needed ✓ Determine Functional Capacity Projected return to work date is unclear or undetermined Return to Work Assistance Internal Transferable Skills Assessment Claim Complexity Changed Specify Other Other Comments referring for 1-day FCE. MDsodders CM Title **FCE Scheduling** Date 06/10/2005 Referral Accepted File being given to Tiffany to set up 1 day FCE, GS Appt now set for 7/26/05. GS Investigation Result The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review. 08/05/2005 03:38 PM Ginny Schmidt **Last Changed Date Last Changed User**

Ginny Schmidt

Created:

Assigned To:

Completed

Status:

06/09/2005 01:37 PM

IME and/or FCE

Name STEVEN ALFANO SSN 099-44-9648 Account Name WEILL MEDICAL COLLEGE OF

DOB 01/14/1958 Account # NYK0001972 Incurred Date 06/06/2000

CORNE

Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554

Functional Capacity Evaluation Exam Type

ASO Only

Customer Approved Date First Name Last Name

Has claim been reviewed by an AMD? Special Instructions

Cx rescheduled app. old date 7/7/05 new date 7/26/05. TBrown

Vendor Referred Date 06/10/2005 Vendor Acknowledgement Date 06/10/2005 Claimant Notification Date 06/10/2005 Exam Date 07/26/2005

Independent Medical Examination

Requested Provider

Specialty

Provider Specialty

Specify Other IME Rationale Provider First Name **Provider Last**

Name

Functional Capacity Evaluation

FCE Rationale Functional Capacity is Unclear **Specify Other**

FCE Duration 1 Day

Name of Facility Healthsouth

NEW YORK BRONX State/Province Zip Code 10463 City

Prescription as Claimant State of

Residence of (if required)

Report Received

Date

08/04/2005

Did Claimant attend

appointment?

Supports Functionality Outcome '

Vendor Quality Assurance

Customer Service

1. The ease in using this vendor service is rated as (on a scale of 1 to 3

5)

Where 1 = Very Difficult and 5 = Very Easy

3 2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5)

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

12/28/2007

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Where 1 = No Impact and 5 = Strong Impact

Professionalism

3. Professional Delivery and Quality of Vendor Service (on a scale of 1 $\,^{\,3}$

to 5)

Where 1 = Least Professional and 5 = Most Professional

Follow-up Required

4. Was an Addendum Needed? No

Reason for Addendum

Vendor Alert Form

5. Was a Vendor Alert Form submitted on this referral? No

Expenses

6. Were vendor fees within contracted fee schedule? Yes

Cost ' \$ 0.00

If No, provide rationale for additional costs

Comments

Last Changed User Tiffany Brown Last Changed Date 08/04/2005 02:47 PM

Status: Completed Assigned To: Tiffany Brown Created: 06/10/2005 10:50 AM

Claimant 0	Contact				
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
	WEILL MEDICAL COLLEGE OF CORNE		NYK0001972	Incurred Date	06/06/2000
Claim Manager		Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Contact Inforr	nation				
First Pho	ne Call				
Result	io van	Date		User ID	
Second P	hono Call	Date		000110	
Result	none can	Doto		Hoor ID	
rum.		Date Date		User ID User ID	
	Letter/Fax				
✓ Incoming	Call	Date 07	/05/2005 01:52	PM User ID M	ark Sodders
Mail Rece	ived	Date		User ID	
Contact Comme	nts				
information was		ipon request f	or clarification of	n this information, his	doctor reversed his
Primary Diagnos	sis/Symptoms/Co-Morbid Conditi	ons			
Treating Physici	ans/Treatment Frequency/Curren	t Treatment I	Plan/Hospitaliza	ation	
Functionality/Jo	b Duties/Set Expectations				
Spouse Inforr	nation				
First Name		MI	Las	t Name	
SSN		Da	te of Birth		
ls Spouse Empl	oyed?	if E	mployed		
Date of Birth of	Youngest Dependent				
Other Income B	enefits				
Comments					
in policy, specific information was	FCE. Wanted to inform me of the de- cally concerning the word pending. I received from his doctor, and then to at this junction in his claim for cong.	nformed cx thupon request f	at pending in thi or clarification o	s case refers to, in his n this information, his	s specific case, that doctor reversed his
Last Changed U	ser Mark Sodders	La	st Changed Dat	e 07/05/2005 02	:56 PM
Status: Com	noleted Assigned To:	Mark Sodde	rs Crea	ted: 07/05/2005	02:56 PM

Assigned To:

Status:

Completed

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Claimant (Contact				
Name	STEVEN ALFANO	SSN	099-44-9648 I	OOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972 I	ncurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554 (Claim Eff Dt-Sta	tus 09/28/2005 - Closed
Contact Infor	mation				
First Pho	ne Call				
Result Left	t Message - With Individual	Date 06/	09/2005 12:49 PI	M User ID	Mark Sodders
Second P	hone Call				
Result		Date		User ID	
☐ Generate	Letter/Fax	Date		User ID	
☐ Incoming	Call	Date		User ID	
Mail Rece		Date		User ID	
Contact Comme 06/09/05 called MDSodders CM	cx at 718-884-2067 to inform of the	FCE. Cx stated	t his understandi	ng	
Interview Doo	umentation				
Treating Physic	sis/Symptoms/Co-Morbid Condit ians/Treatment Frequency/Curre ob Dutles/Set Expectations		lan/Hospitalizat	ion	
Spouse Infor	mation				
First Name		MI		Name	
SSN to Snoves Empl	nund?		e of Birth		
ls Spouse Empl Date of Birth of	Youngest Dependent	II EI	mployed		
Other Income B	• •				
Comments					
	cx at 718-884-2067 to inform of the	FCE. Cx stated	t his understandi	ng	
Last Changed U	lser Mark Sodders	Las	t Changed Date	06/09/2005	i 02:07 PM
Status: Con	npleted Assigned To:	Mark Sodder	s Create	ed: 06/09/2	005 01:55 PM

Internal	Resource	Referral
----------	----------	----------

Name	STEVE	N ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Nam	e WEILL CORNE	MEDICAL COLLEGE OF	F Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manage	er Mark S	odders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),		or any of the following everpayment, Settlemen				errals (IME, FCE,
Title	FCE					
Referral Type	Vocation	al				
Role	Vocation	al Rehab Counselor	Name	Ginny Schmid	ti New Nurse/	VRC of Record
Check all that	apply for	Medical or Vocational				
☐ Symptom	s insuffic	dent to support diagno	sis			
☐ Treatmer	it plan and	d/or Provider specialty	is not consister	nt with Claiman	t's Diagnosis	
Occupati	onal requ	irements assessment i	s needed			
✓ Determin	e Functio	nal Capacity				
Projected	i return to	work date is unclear o	or undetermined			
Return to	Work As	sistance				
internal 1	ransferal	ole Skills Assessment		•		
Claim Co	mplexity	Changed				
Other			Specify Other			
Comments						
referring for 1 MDsodders C						
Last Changed	User	Mark Sodders	La	st Changed Da	te 06/09/2005 01	:37 PM
Status: C	ompleted	Assigned To:	Mark Sodde	rs Cre a	ited: 06/09/2005	01:37 PM

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01/14/1958

06/06/2000

Follow-Up Tasks - General Follow-Up

Name STEVEN ALFANO SSN 099-44-9648 DOB
Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 Incurred Date

Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 Incurred Date CORNE

Claim Manager Mark Sodders Incident # 513554 Claim Eff Dt-Status 09/28/2005 - Closed

Title #/u AMD to schedule FCE Dates

Comment/Instruction

04/11/05 was to be referred, but sent dots and request to cx to assist in expediting the request. See 04/11/05 phone contact

04/28/05 FCE postponed until AMD to AP contact has been made.

06/09/05 received claim back from AMD. Refer for FCE

Last Changed User Mark Sodders Last Changed Date 06/09/2005 01:35 PM

Status: Completed Assigned To: Mark Sodders Created: 04/11/2005 03:38 PM

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Internal Re	esource Response				
Name Account Name	STEVEN ALFANO WEILL MEDICAL COLLEGE OF CORNE	SSN Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager		Incident#	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	s task for any of the following refe				errals (IME, FCE,
Referral Type	Medical				
Role /	Associate Medical Director N	ame Scott T	aylor	☐ New	Nurse/VRC of Record
Check all that a	pply for Medical or Vocational				
Symptoms	insufficient to support diagnosis				
Treatment p	olan and/or Provider specialty is not	consistent with	n Claimant's Dia	agnosis	
Occupation	al requirements assessment is need	led			
Determine I	Functional Capacity				
Projected re	eturn to work date is unclear or unde	etermined			
Return to W	lork Assistance				
Internal Tra	nsferable Skills Assessment				
Claim Com	plexity Changed	•			
✓ Other		pecify contact	AP		
Comments	_				
DOT's, AMD to	staffing with AMD. As AP provided contact AP to discuss this alleged relater is 212-746-8127.	L/R's for the eversal. Update	DOT's found, a ted O/N from 0	nd then states cx unab 8/01/04 through prese	le to perform those nt obtained.
Title	RR #1				
Referral Accepted	Yes	Date 06/03/2	2005		
Comments					
Date 6/6/2000. PAA said seder FCE was ordered sits w/o frequent internal med not	ge & Salary Mgr. Work Demands An atary. TSA showed transferrable skill ed. Then Dr changed mind & said Co at standing, & can lay down as needed tes 1/22/04, however DQ says seen EW Medical records reviewed including impingement L L5 nerve root. Progreation from IM standpoint because to -S1 spinal stenosis. BP 140/104. Impedist, 1/28/02 Right shoulder arthroysis of subacromial adhesions. MRI hyperplastic degenerated anterior acation from IM standpoint because to 84. Still has moderate impingement it less orthopedist, 6/13/02 Left shoulder, Dr Roach, 9/27/02 BP 130/90. Usin trunable to work normal occupation	Is for 4 occupa x could not do ed & ice. Had I i 7/20/04. Agre- de but are not ess notes, Dr I have arthrosc pression low r oscopy w/ sub R Hip, 5/23/00 betabular labru- in shoulder. In er arthroscopy ing Vicodin pm.	ations. TSA info any of the 4 oc hip arthroscopy be w/ D2D since limited to Lumb Keith Roach Intropic shoulder s isk for planned acrromial decor 2 superficial car ery. Old benign pression low ri w/ subacrromia. No change in t	sent to Dr but he never cupations found. Says 4/16/03. No ortho note to information to suppar MRI, 6/9/2000 modernal Medicine, 1/18/0 surgery. Has had previous surgery. Operative repression, distal clavious, Dr Roach, 6/11/0 st for planned surgery if decompression & AC (x. IME, Dr David Trott	er answered CM so Cx can only work if es since 5/03. Last bort L&Rs. erate to severe L5-S1 here for pre- bort, Michael culectomy, c, acetabular here for pre- atible w/ chomdral Coperative report, copint resection.

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Investigation Result

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

Scott C. Taylor, DO

Last Changed User Scott Taylor		Last Changed Date		06/09/2005 09:40 AM				
Status:	Completed	Assigned To:	Scott Taylor	Created:	06/01/2005 11:25 AM			

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Internal Resource Response 01/14/1958 099-44-9648 DOB SSN Name STEVEN ALFANO Account # NYK0001972 Incurred Date 06/06/2000 Account Name WEILL MEDICAL COLLEGE OF CORNE Claim Eff Dt-Status 09/28/2005 - Closed Incident # 513554 Claim Manager Mark Sodders *Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits Referral Type Medical Associate Medical Director Name Scott Taylor Role New Nurse/VRC of Record Check all that apply for Medical or Vocational Symptoms insufficient to support diagnosis Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis Occupational requirements assessment is needed Determine Functional Capacity Projected return to work date is unclear or undetermined Return to Work Assistance Internal Transferable Skills Assessment Claim Complexity Changed Specify continue IRR #1 comments ✓ Other Other Comments Insufficient space on IRR #1. Please complete on IRR #2. Scott C. Taylor, DO IRR #2 Title Date 06/09/2005 **Referral** Yes Accepted Comments Continued from IRR #1..... Operative report, Dr Alexiades, 4/16/03 R hip athroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety. Progress notes, Dr Roach, 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, Dr Dempsev Sprinfield Internal Medicine, 1/22/04 remains asymptomatic. No change in proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ran out of OxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Zestril. Get x-rays of neck. Cervical X-rays, 9/14/04 DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing

Provider Contact Task. Investigation Result

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

secondary to osteophyte formation. Physical Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing. Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 Class 5 Physical limitations incapable of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. Several jobs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back. See

Page 56 of 83

Scott C. Taylor, DO

Last Changed User So		Scott Taylor	Last Ch	anged Date	06/09/2005 09:40 AM		
Status:	Completed	Assigned To:	Scott Taylor	Created:	06/09/2005 09:38 AM		

Completed

Status:

Internal R	esource Referral					
Name	STEVEN ALFANO	SSN	(99-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLECTION CORNE	GE OF Acco	ount# i	VYK0001972	Incurred Date	06/06/2000
Claim Manage	r Mark Sodders	Incid	lent# 5	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	is task for any of the follow	•	•			errals (IME, FCE,
Title	IRR #2					
Referral Type	Medicat					
Role	Associate Medical Director	Name	Scott T	aylor	New Nu	rse/VRC of Record
Check all that a	apply for Medical or Vocati	ional				
Symptom:	s insufficient to support di	agnosis				
☐ Treatment	plan and/or Provider spec	cialty is not con	sistent	with Claiman	t's Diagnosis	
Occupatio	nal requirements assessn	nent is needed				
Determine	Functional Capacity					
Projected	return to work date is unc	lear or undeterr	nined			
Return to	Work Assistance					
Internal Ti	ransferable Skills Assessn	nent	•			
Claim Cor	nplexity Changed					
✓ Other		Specify Other	continu	ie IRR #1 com	nments	
Comments Insufficient spa Scott C. Taylor	се ол IRR #1. Please comp , DO	lete on IRR #2.				
Last Changed	User Scott Taylor		Last	Changed Da	te 06/09/2005 09	:38 AM

Scott Taylor

Created:

06/09/2005 09:37 AM

Assigned To:

Provider Contact

Name STEVEN ALFANO SSN 099-44-9648 DOB 01/14/1958 06/06/2000 Account Name WEILL MEDICAL COLLEGE OF Account # NYK0001972 Incurred Date CORNE Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554 Contact Information Title Dr Roach Date 06/07/2005 07:42 AM User Scott Taylor Result Left ✓ First Phone Call Message With Individual Result Successful Date 06/09/2005 08:26 AM User Scott Taylor Second Phone Call Date User Generate Letter/Fax Date User Burden of Proof Letter Sent Date User Incoming Call Date User Mail Received

Contact Comments:

6/6/05 1250 CST, 1st call to Dr Keith Roach Internal Medicine at 212-746-9663. Carmen says Dr not back in office until 6/7/05. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/7/05 1520 CST. 2nd call to Dr Roach, Carmen says Dr is in office, She paged but Dr did not answer. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 0720 CST. Listened to VM message from Dr Roach from 1537 CST, 6/7/05. Will be available 6/8/05. Call 212-746-2879. 6/8/05 1215 CST. 3rd call to Dr Roach at 212-746-2879. Number busy. Attempted call to 212-746-9663, Was also busy, 6/8/05 1455 CST. Another call to Dr Roach at 212-746-2879. Carmen says Dr currently w/ a patient. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 1505 CST. Dr Roach called. Says the difference between the PAA & letter was due to misinterpretation of what the form meant. Dr says that over an entire work day the claimant could probably work 3-4 hours collectively, however could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion FCE there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines.

Interview Documentation

BOACH Internist **Provider First Name** KEITH Provider Last Name Provider Specialty **Contact Role** Contact First Name **Contact Last Name Primary ICD Description** Primary ICD Code Comments Secondary ICD Code Secondary ICD Description Comments ICD Code 3 Description **ICD Code 3** Comments ICD Code 4 Description ICD Code 4 Comments ICD Code 5 ICD Code 5 Description

Comm	ents
------	------

Objective Findings					
☐ Physical Exam Findings					
☐ Test Results					
Provider Observations					
Comments					
Treatment Information					
Medication (1)		Dosag	je (1)	Frequency (1)	
Medication (2)		Dosag	je (2)	Frequency (2)	
Medication (3)		Dosag	je (3)	Frequency (3)	
Medication (4)		Dosag	je (4)	Frequency (4)	
Medication (5)		Dosag	je (2)	Frequency (5)	
Current Treatment Plan/Provide	's Estimated RTW d	date			
Treatment Frequency					
Future Treatment Plan					
☐ Copy to Med/Voc Folder	Date of Surgery			Type of Surgery	
☐ Copy to Med/Voc Folder	Date of Surgery			Type of Surgery	
☐ Copy to Med/Voc Folder	Date of Surgery			Type of Surgery	
Comments					
Last Office Visit					
Next Office Visit					
Functionality Job/Occ Requi	rements and RTW	1			
Claimant Job/Occ Requirements	and Expected Dura	ation			
Additional Information					
Referral Information					
First Name			Last Name		
Specialty			Provider Ref	erral Date	
Number			Ext.		
Remarks					
First Name			Last Name		
Specialty			Provider Re	erral Date	
Number			Ext.		
Remarks					
First Name			Last Name		
Specialty			Provider Re	ferral Date	
Number			Ext.		
Remarks					

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Last Chang	ed User	Scott Taylor	Last Changed Date	06/09/2005 09:32 AM
Status:	Completed	Assigned To:	Scott Taylor Created:	06/07/2005 08:42 AM

		Referral				
Name	STEVEN	ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL ME CORNE	DICAL COLLEGE	E OF Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manage	r Mark Sodd	iers	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.).			ing referrals: Appea ment, Social Securi		edical/Vocational Ref enefits	errals (IME, FCE,
Title	AMD to cont	act AP				
Referral Type	Medical					
Role	Associate M	edical Director	Name S	Scott Taylor	New Nurse/VRC	of Record
Check all that	apply for Me	edical or Vocatio	nal			
Symptom	s insufficier	it to support dia	gnosis			
☐ Treatmen	t plan and/o	r Provider speci	alty is not consister	nt with Claimar	nt's Diagnosis	
Occupati	onal require	ments assessme	ent is needed			
Determin	e Functional	Capacity				
Projected	i return to w	ork date is uncle	ear or undetermined	Į.		
Return to	Work Assis	tance				
Internal T	ransferable	Skills Assessme	ent	•		
☐ Claim Co	mplexity Ch	anged				
☑ Other			Specify Other	contact AP		
Comments						
From 04/27/05 DOT's, AMD to Dr. Roach's no MDsodders C	o contact AP umber is 212	to discuss this al	ovided L/R's for the D leged reversal. Upda	OT's found, and ted O/N from 08	d then states ox unable 3/01/04 through preser	e to perform those nt obtained.
Last Changed	User M	lark Sodders	La	st Changed Da	ate 06/01/2005 1	1:24 AM
Status: C	ompleted	Assigned To	: Mark Sodd	ers Cre	ated: 06/01/2009	5 11:24 AM

12/28/2007

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Follow-Up Tasks - Medical Request

Name STEVEN ALFANO

099-44-9648 SSN

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u O/N

Comment/Instruction

04/28/05 requested from Dr. Roach. from 08/01/04 through present. Phone is 212-746-2879 fax is 212-746-8127. See 04/28/05 claim strategy AMD staffing task. Refer to AMD to contact AP. 05/16/05 2nd requested today

06/01/05 received today

Last Changed User

Mark Sodders

Last Changed Date

06/01/2005 11:19 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

04/28/2005 10:24 AM

Claim Stra	tegy				
Name Account Name	STEVEN ALFANO WEILL MEDICAL COL CORNE	SSN LEGE OF Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager	- +	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Update Ration	nale				
Title	AMD Staffin	ıg			
Update Rational		=			
For Walk-up and	I Nurse Interaction On	ıly		<u></u>	
Role		Name			
For Staffings Or AMD	nly - Indicate Resource	es Present (check all tha	t apply)		
☐ NCM					
VRC					
CBH Spec	ialist				
On-Site Pa	sych				
Network C	Orthopedist				
Claim Status	Information				
Status	Active				
Status Reason	Own Occ - Re	eceiving Payments			
Reopened Reas Second Eye Re Required					
Second Ey	re Review Date	User ID			
Comments					
04/27/05 staffer DOT's, AMD to MDsodders CN	contact AP to discuss t	P provided L/R's for the Di this alleged reversal, after	OT's found, and CM obtains upd	then states cx unable ated O/N from 08/01/0	to perform those 14 through present.
Duration Info	rmation				
Part Time		Full Time	Red	Flag	
Does Not	Exist				
Provider's Estir RTW Date	nated	Days	0		
ERD	do 70050	ERD Rea Primary		B/I I IMBOSAC DISC I	DEGEN
Primary ICD Co	de 72252	Primary Descript		B/LUMBOSAC DISC I	JEGEN

Page 64 of 83

Strategy Documentation

Level of Functional Capacity

Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present. MDsodders CM

Last Changed User

Mark Sodders

Last Changed Date

04/28/2005 10:20 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

04/28/2005 10:19 AM

Claimant Contact				
Name STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name WEILL MEDICAL COLLEGE OF CORNE		NYK0001972		06/06/2000
Claim Manager Mark Sodders	Incident #	513554	Claim Eff Dt-Stat	us 09/28/2005 - Closed
Contact Information				
First Phone Call				
Result Successful	Date 04	/11/2005 02:40	OPM UserID	Mark Sodders
Second Phone Call				
Result	Date		User ID	
Generate Letter/Fax	Date		User ID	
	Date		User ID	
Incoming Call				
Mail Received	Date		User ID	
doctor respond. Cx asked for the information to be se information over and is to the same number. Interview Documentation Primary Diagnosis/Symptoms/Co-Morbid Conditio Treating Physicians/Treatment Frequency/Current	ns			ned ex mac i will lax the
Functionality/Job Duties/Set Expectations Spouse Information				
First Name	MI	La	ist Name	ettiinis sileksi vää minnen ten 1,74 entiinisten ettiin, titen tii ken tiininnen en mineste siisiksii kastiili
SSN	Da	te of Birth		
Is Spouse Employed?	If I	mployed		
Date of Birth of Youngest Dependent				
Other Income Benefits				
Comments				
04/11/05 called cx at 718-884-2067 to inform of the F doctor respond. Cx asked for the information to be se information over and is to the same number.	CE. Cx state ent to him so	ed his understa he can expedi	inding, but insisted the te our request. Inform	nat he would have his med cx that I will fax the
Last Changed User Mark Sodders	La	st Changed D	ate 04/11/2005	03:52 PM

Mark Sodders

Created:

04/11/2005 03:51 PM

Assigned To:

Status:

Completed

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Follow-Up Tasks - Medical Request

Name STEVEN ALFANO SSN 099-44-9648 DOB

Incident # 513554

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

CORNE

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u AP review of DOT

Comment/Instruction

01/20/05 sent via certified mail

02/01/05 received certified receipt back signed for by Dr. Roach's office on 01/27/05

03/04/05 called Dr. Roach's office at 212-746-2879 to f/u on our request. Number Busy. Faxing a second request.

03/28/05 1300 called Dr. Roach's office to 1/u on our request. On hold 15 minutes with no pick-up. Terminated call.

Last Changed User

Mark Sodders

Last Changed Date

03/28/2005 02:10 PM

Status:

Completed

Assigned To:

Mark Sodders

Created:

01/20/2005 11:29 AM

Page 67 of 83

Follow-Up Tasks - General Follow-Up

Name

STEVEN ALFANO

SSN 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Issue check TODAY set rep pay

Comment/Instruction

Set rep pay for total net of 2125.32

Last Changed User

Mark Sodders

Last Changed Date

12/22/2004 11:18 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

11/29/2004 11:17 AM

Page 68 of 83

Follow-Up Tasks - General Follow-Up

Name STEVEN ALFANO SSN 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u TSA

Comment/Instruction

12/02/04 referred. Send DOT's to AP for comment

12/17/04 received today

Last Changed User

Mark Sodders

Last Changed Date

12/20/2004 08:31 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

12/02/2004 10:02 AM

Page 69 of 83

Name Account Name	STEVEN ALFANO WEILL MEDICAL COLLEGE CORNE	SSN OF Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager		Incident#	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	task for any of the following				rrals (IME, FCE,
Referral Type \	/ocational				
Role \	ocational Rehab Counselor	Name Holly J	ule	☐ New	Nurse/VRC of Record
Check all that a	pply for Medical or Vocationa	il			
Symptoms i	nsufficient to support diagnosis	i			
☐ Treatment p	olan and/or Provider specialty is	not consistent wit	h Claimant's Dia	ngnosis	
Occupation	al requirements assessment is	needed			
Determine f	Functional Capacity				
Projected re	eturn to work date is unclear or	undetermined			
Return to W	ork Assistance				
✓ Internal Tra	nsferable Skills Assessment				
Claim Com	olexity Changed	٠			
Other	•	Specify			
Comments		Other			
	ng for formal TSA. Exploratory	TSA located occs	s, and need to se	nd results of TSA to /	AP for comment on
Wage Requirem	ent is \$4,986.57 Monthly.				
Title					
Referral Accepted	/es	Date 12/13/	2004		
Comments	•				
appropriate to s	ratory TSA discussed w/ VRC. end to AP for comment. All me at the employee's discretion. It claim file. HJ	et target wage and	all allow for abi	lity to get up and move	about, alternate sit,
Investigation R					
Cx's ability to pe	flowing occupations were selected in them. Personnel Manager, DOT#187.167-098 and Dep. DM. HJ	er, DOT#166. 11 7-0	018, Employmer	nt manager DOT#166.	167-030, Employment
Last Changed U	Iser Holly Jule	La	st Changed Da	te 12/13/2004 03	:46 PM
Status: Co	mpleted Assigned To:	Holly Juli	e Create	d: 12/02/2004 0	9:53 AM

nternal R	esource Referral				
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	F Account#	NYK0001972	Incurred Date	06/06/2000
Claim Manage	r Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
et <i>c.),</i>	is task for any of the following				errals (IME, FCE,
Title					
Referral Type	Vocational				
Role	Vocational Rehab Counselor	Name	Holly Jule	New Nurse/VR	C of Record
Check all that :	apply for Medical or Vocational				
☐ Symptom:	s insufficient to support diagno	sis			
☐ Treatment	plan and/or Provider specialty	is not consister	it with Claiman	t's Diagnosis	
☐ Occupation	onal requirements assessment i	s needed			
Determine	Functional Capacity				
Projected	return to work date is unclear of	or undetermined			
Return to	Work Assistance				
☑ Internal To	ransferable Skills Assessment		•		
☐ Claim Cor	nplexity Changed				
Other		Specify Other			
Comments 12/02/04 referr abilities.	ing for formal TSA. Exploratory T	SA located occs,	and need to ser	nd results of TSA to AF	or comment on cx's
Wage Require	ment is \$4,986.57 Monthly.				
Last Changed	User Mark Sodders	La	st Changed Da	te 12/02/2004 09	:53 AM
Statue: Co	moleted Assigned To:	Mark Sodde	rs Crea	sted: 12/02/2004	09:53 AM

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Follow-Up Tasks - Medical Request

Name

STEVEN ALFANO

SSN 099-44-9648 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

CORNE

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u APS

Comment/Instruction

sent on 11/09/04

2nd Request sent on 11/30/04 11/30/04 recieved today

Last Changed User

Mark Sodders

Last Changed Date

12/01/2004 12:47 PM

Status:

Completed

Assigned To:

Mark Sodders

Created:

DOB

11/09/2004 11:54 AM

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Follow-Up Tasks - General Follow-Up

STEVEN ALFANO Name

SSN

099-44-9648 DOB 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u exp TSA

Comment/Instruction

referred on 11/09/04

11/19/04 received today. Wating on APS for COD.

Last Changed User

Mark Sodders

Last Changed Date

11/19/2004 11:05 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

11/09/2004 11:51 AM

Name Account Name	STEVEN ALFANO WEILL MEDICAL COLLEGE OF CORNE	SSN Account #	099-44-9648 NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000
Claim Manager		Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),	task for any of the following n				errals (IME, FCE,
Referral Type	/ocational				
Role	ocational Rehab Counselor	Name Rosem	ary Jenkins	☐ New	Nurse/VRC of Record
Check all that a	pply for Medical or Vocational				
Symptoms i	nsufficient to support diagnosis				
Treatment p	olan and/or Provider specialty is n	ot consistent wit	n Claimant's Dia	agnosis	
Occupation	al requirements assessment is ne	eded			
Determine I	Functional Capacity				
Projected re	sturn to work date is unclear or un	ndetermined			
☐ Return to W	ork Assistance				
✓ Internal Tra	nsferable Skills Assessment				
Claim Com	olexity Changed		•		
Other		Specify Other			
Comments based on 11/03/0 is .80 of indexed	94 staffing with NCM, need to ru covered earnings, which totals 4	n exploratory TS 1,986.57 monthly	A based on AP , 59,838.84 yea	's PAA dated 10/20/0- rly.	4. Wage requirement
MDSodders CM					
Title					
Referral Accepted	Yes	Date 11/18/	2004		
Comments					
Investigation R Exploratory TSA					
from cx's DQ & Kindred industr	TSA was conducted using the PA JD. Using the OASYS edition, 9 y 4 within any industry and vernment industry. The annual wa	occ were identifie	d as potential t	ransf skills 4 are withir	
Last Changed L	Jser Rosemary Jenkins	La	st Changed Da	te 11/18/2004 06	5:40 PM
Status: Con	ppleted Assigned To:	Rosemary Jen	kins C	reated: 11/10/20	04 09:12 AM

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Follow-Up Tasks - Medical Request

Name STEVEN ALFANO 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972 Incurred Date

06/06/2000

CORNE Claim Manager Mark Sodders

Incident # 513554

SSN

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u med req

Comment/Instruction

08/19/04 requested

Keith Roach, M.D. 212-746-2879 received O/N. no PAA as of 08/30/04

Michael Alexiades 212-734-1288 LOV was 05/22/2003. Had another one scheduled, but no showed.

09/14/04 2nd requested PAA from Dr. Roach.

10/15/04 Called Dr. Roach's office to f/u on the PAA. on Hold 15 minutes as of second try, the first attempt rang 25 times with no answer. Sending 2nd req for PAA.

Staff claim without PAA if no reciept.

10/20/04 received paa today

Last Changed User

Mark Sodders

Last Changed Date

10/25/2004 01:43 PM

Status:

Completed

Assigned To:

Mark Sodders

Created:

08/19/2004 09:48 AM

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Follow-Up Tasks - General Follow-Up

STEVEN ALFANO Name

SSN 099-44-9648 01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

DOB

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

f/u on DQ

Comment/Instruction

Once we get DQ, consider doing surveillance. RAC SCM 08/19/04 dq recived, hold on surv option until med recs come in MDSodders CM

Last Changed User

Mark Sodders

Last Changed Date

08/19/2004 09:46 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

07/12/2004 05:33 PM

Page 76 of 83

Follow-Up Tasks - General Follow-Up

Name

STEVEN ALFANO

SSN 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT

Comment/Instruction

057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT

Last Changed User

Robert Castellon

Last Changed Date

06/02/2004 12:10 PM

Status:

Completed

Assigned To:

Robert Castellon

Created:

05/27/2004 01:04 AM

Page 77 of 83

Follow-Up Tasks - General Follow-Up

STEVEN ALFANO

SSN 099-44-9648 DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Title

Request new meds

Comment/Instruction

also we need to issue check re cola adj.

Last Changed User

Robert Castellon

Last Changed Date

04/23/2004 02:43 PM

Status:

Completed

Assigned To:

Robert Castellon

Created:

04/23/2004 03:43 PM

Internal R	esource	Referral				
Name	STEVEN A		SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDI	CAL COLLEGE OF	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodder	s	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
etc.),		y of the following ref ayment, Settlement,			edical/Vocational Ref enefits	errals (IME, FCE,
Title						
Referral Type	Vocational					
Role	Vocational Rel	nab Counselor Name	Ros	emary Jenkins	New Nurse/VR	C of Record
Check all that a	apply for Medi	cal or Vocational				
☐ Symptoms	insufficient t	o support diagnosis				
☐ Treatment	plan and/or F	Provider specialty is	not consisten	t with Claiman	t's Diagnosis	
Occupatio	nal requireme	ents assessment is n	eeded		-	
☐ Determine	Functional C	apacity				
Projected	return to worl	k date is unclear or u	ındetermined			
Return to	Work Assista	nce				
✓ Internal Tr	ansferable SI	dills Assessment		•		
Claim Con	nplexity Chan	ged				
Other		Specif	y Other			
Comments						
based on 11/03	3/04 staffing wi d covered ear	th NCM, need to run e nings, which totals 4,9	exploratory TS. 86.57 monthly	A based on AP's , 59,838.84 yea	s PAA dated 10/20/04 rly.	. Wage requirement
MDSodders CN	A .					
Last Changed I	U ser Mar	k Sodders	La	st Changed Da	te 11/10/2004 09	:12 AM
Status: Co	mpleted	Assigned To:	Mark Sodde	rs Crea	nted: 11/09/2004	12:30 PM

Claim Stra	tegy						
Name Account Name		ALFANO IEDICAL COL		SSN Account #	099-44-964 NYK000197		01/14/1958 06/06/2000
Claim Manager		dders	·	Incident #	513554	Claim Eff Dt-Status	: 09/28/2005 - Closed
Update Ration	nale						
Title Update Rational	е	Staffing					
For Walk-up and Role	i Nurse Ir	nteraction On Nurse Case	-	Name Su	san Fred		
For Staffings Or AMD NCM VRC CBH Spector On-Site Pstatus Claim Status Status Status Reason Reopened Reas	ialist sych Orthopedi Informat	st ion Active	es Present (ch		apply)		
Second Eye Rev Required Second Eye Complete Comments 11/03/04 staffed Concurrently, so MDSodders CN	e Review d claim wit end APS t	h NCM. Base	d on recview of , LOV. If TSA p	User ID f current me positive, ser	idical, and P/ nd to AP for c	AA, run exploratory TSA comments.	on IJR provided,
Duration Info	rmation						
Part Time Does Not E Provider's Estin RTW Date		f	-ull Time	Days	0	ed Flag	
ERD Primary ICD Co	de 7	72252		ERD Rea Primary I Descripti	CD LU	IMB/LUMBOSAC DISC	DEGEN

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Strategy Documentation

Level of Functional Capacity

Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

11/03/04 staffed claim with NCM. Based on recview of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.

1 1 3

MDSodders CM

Last Changed User

Mark Sodders

Last Changed Date

11/09/2004 11:51 AM

Status:

Completed

Assigned To:

Mark Sodders

Created:

11/09/2004 11:50 AM

Page 81 of 83

08/26/2004 10:48 AM

Claim Reassignment

Completed

Status:

Assigned To:

01/14/1958 STEVEN ALFANO SSN 099-44-9648 DOB Name Account # NYK00Ω1972 Incurred Date 06/06/2000 Account Name WEILL MEDICAL COLLEGE OF CORNE Claim Eff Dt-Status 09/28/2005 - Closed Claim Manager Mark Sodders Incident # 513554 Mark Sodders **Team Name D-SAM Recert** Claim Manager Name Claim Office Comments 08/26/2004 10:48 AM Last Changed Date Last Changed User Sandra Scott

Sandra Scott

Created:

Page 82 of 83

1

Claim Reassignment

Name STEVEN ALFANO

Account Name WEILL MEDICAL COLLEGE OF

Account # NYK0001972

099-44-9648 **DOB** NYK0001972 **Incurred Date** 01/14/1958 06/06/2000

CORNE

Claim Manager Mark Sodders

Incident # 513554

SSN

Claim Eff Dt-Status 09/28/2005 - Closed

Team Name

Claim Manager Name

Sandra Scott

Claim Office Comments

Last Changed User

Sandra Scott

Last Changed Date

08/25/2004 02:53 PM

Status:

Completed

Assigned To:

D-Castellon

Sandra Scott

Created:

08/25/2004 02:53 PM

Page 83 of 83

Claim Reassignment

STEVEN ALFANO Name

SSN 099-44-9648

DOB

01/14/1958

Account Name WEILL MEDICAL COLLEGE OF CORNE

Account # NYK0001972 Incurred Date

06/06/2000

Claim Manager Mark Sodders

Incident # 513554

Claim Eff Dt-Status 09/28/2005 - Closed

Team Name

D-SAM Recert

Claim Manager Name

Claim Office

Comments

Dallas

Mark Sodders

Last Changed User

Sandra Scott

Last Changed Date

08/19/2004 09:07 AM

Status:

Completed

Assigned To:

Sandra Scott

Created:

08/17/2004 10:09 AM

Folder: Current Case P	int Case Plan				(Social Section 1)
ame	NO AL COLLEGE OF CORNE	099 44-9648 nunt # NYK0001972	DOB Incurred Date	01/14/1958 06/06/2000	0
Claim Manager Mark Sodders		Incident # 513554 (Claim Eff Dt-Status Closed	09/28/2005 - Closed	
LifideDealls]		, 09/28/2005 3:13:50 PM	a66816	<u>Top</u>	
Claim Status Comments	ments				
Staffing. Cx experience Capacity Evaluation show Transferable Skills Anal should be denied, not TD MDSodders CM	nces problems secondary hows an ability to oper nalysis identifies the TD 00.	1	and neck pain. A Functiona sedentary level occupation. to perform own occupation.	The Claim	
Level or runctional Capacity With Restrictions Restrictions and Limitations	in Capacity J. 15 imitations				
		To the state of th		The state of the s	
Subjective/Objective Findings/Tr	ive Findings/Treatment		Angeria de la California		
utstanding Issue	Outstanding Issues and Follow-up Dates			- F	

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Es internal Resource Response	US/US/ZOUS 11.5U.2/ Aith		
Referral Resource Role	Vocational Rehab Counselor		
Referral Resource Name	Ginny Schmidt		
initiator Comments			
08/08/05 referring for TSA bas there is no A/O date. However material duties of the regular Indexed BME.	TSA based on L/R provided by the 07/26/05 FCE. Please note that However, Disability is defined as either unable to perfom all the regular occupation, or an inability to earn more than 80% of the	ed by the 07/26/05 FCE. Please note that defined as either unable to perfom all the an inability to earn more than 80% of the	
As such, if cx's own occ is no \$5,172.32 monthly.	is not identified on the TSA, then the	the TSA, then the earnings requirement is	
MDSodders CM			
Referral Comments			
Investigation Result			
he TSA has been performed usi the claimant, along with hi	The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in	m the FCE done on 7/26/05 do Salary Manager twice in	
is history, and as an Asst. D	his history, and as an Asst. Director of Human Resources, having Business Administration/Davrhology, and having taken 1 year of ol	ng a Bachelors Degree in classwork in Graduate	
School for Mis, and the wage requirement of	d the wage requirement of \$5,172.63 a month. Using these criteria, indicated for his current shilling which should allow alternation	55,172.63 a month. Using these criteria, shilities which should allow alremation of	
peveral jobs were indicated to physical positions throughout and Wages Manager Compensation averal others were indicated	physical posts were indicated for the workday, at his will, including his own job as a Sai and Wages Manager Compensation Manager for the Policyholder. Along with this position	is E	
operations, employee welfare an file. Returning file and report	and mediation and credit analysis. rt to the CM for review.	See full report in the	:]
internal Resource Response	08/05/2005 3:38:57 PM	alschm	I co

https://dms-acclaim.group.cigna.com/acenza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=242... 9/28/2005

Page 3 of 10

Heator Comments Decodders CM Berring for 1-day FCE. Decodders CM Ite being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS Ite being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS Ite being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS Westigation Result The FCE report has been received. The claimant was found to be able to dead to the would have to be able to be able to change positions while sitting the new would not have to perform any lifting and carrying of more than negalighble mounts, and he will need to be able to be able to complete the dynamic and static ifting tests, the aerobic testing on the treadmill and much of the other testing due to its complaints of pain and neading to lie down to get relief. He was found to be able to acrossional basis, and was unable to climb ladders, stoop, tanding and walking all on an occasional basis, and was unable to climb ladders, stoop, tanding and walking all on an occasional basis, and was unable to climb ladders, stoop, to be able to see, hear, talk. They felt he gave a maximum effort during eport in the file. Returning file and report to the CM for review. Claimant Contact Order Conductor Order Condu	Then the state of the claimant was found to be able to function at the level of work, for and 8 hour workday, but it would have to be a position in level of work, for and 8 hour workday, but it would have to be a position in level of work, for and 8 hour workday, but it would have to be a position in level of work, for and 8 hour workday, but it would have to be a position at the level of work, for and 10 hour workday, but it would have to be a position in level of work, for any lifting and carrying of more than negligible and he will need to be able to change positions while sitting celly every 10-15 minutes. They were unable to change positions while sitting ints of pain and needing on the treadmill and much of the other testing due to me manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, and was unable to climb stairs, sitting, on a manipulation, and had the need to use a cane for ambulation. On a satis, he is able to see, hear, talk. They felt he gave a maximum effort during the to his increase in respiration and heart rate during the tests. See full the file. Returning file and report to the CM for review. ### Contact #### Contact ##################################	nts r 1-day FCE. In this increase in respiration and heart rate during the esturing file and heart to the other testing of work, for and 8 hour workday, but it would have to be a position in all onch have to perform any lifting and carrylng of more than negligible in the will need to be able to be able to change positions while sitting by every 10-15 minutes. They were unable to complete the dynamic and stating ty every 10-15 minutes. They were unable to complete the dynamic and stating to the aerobic testing on the treadmill and much of the other testing due to its of pain and needing to lie down to get relief. He was found to be able to manipulation, handling, reaching, pushing/pulling, climb statire, sitting, and and not not need to use a cane for ambulation. On a sit, he is able to see, hear, talk. They felt he gave a maximum effort during to his increase in respiration and heart rate during the tests. See full the file. Returning file and report to the CM for review. Somptoms/Co-Morbid Conditions stating the see, hear, talk the see to the review. Ontact Ontac	Initiator Comments referring for 1-day FCE.		
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07/05/2005 2:58:22 PM a66816	07/05/2005 2:56:22 PM a66816 ptoms/Co-Morbid Conditions	07/05/2005 2:56:22 PM a66816 ptoms/Co-Morbid Conditions	report in the file. Returning f.	le and report to the CM for revi	3W.
riman, Diagnosis/Symptoms/Co-Morbid Conditions	imary Diagnosis/Symptoms/Co-Morbid Conditions	ptoms/Co-Morbid Conditions	Claimant Contact	07/05/2005 2:58:22 PM	
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Functionality/Job Dutles/Set Expectations

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Other Income Benefits	.,
Overall Comments	7
Cx called about FCE. Manted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this junction in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states	
his understanding. MDSodders CM	
ct 06/09/2005 2:07:58 PM a66816	Tape
Primary Diagnosis/Symptoms/Co-Morbid Conditions	
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization	
Functionality/Job Duties/Set Expectations	
Other Income Benefits	
Overall Comments	

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Document 20-2

	06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding	
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MDSodders CM		
	06/09/2005 9:40:35 AM	10p.
Referral Resource Role	Associate Medical Director	THE THE PROPERTY OF THE PROPER
Referral Resource Name	Scott Taylor	
Initiator Comments		
From 04/27/05 staffing with AMD	From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then	OT's found, and then
states cx unable to perform tho	states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged	iscuss this alleged
reversal. Updated O/N from 08/01/04 through present obtained.	01/04 through present obtained.	
Dr. Roach's number is 212-746-8127.	127.	
MDsodders CM		

Referral Comments

notes, Dr Roach, 6/11/02 here for pre-operative evaluation from IM standpoint because to planned surgery. Operative report, Michael Alexiades orthopedist, 1/28/02 Right shoulder notes, Dr Keith Roach Internal Medicine, 1/18/02 here for pre-operative evaluation from bursectomy, & lysis of acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum. Progress Or but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not PAA said sedentary. TSA showed transferrable skills for 4 occupations. TSA info sent to 6/9/2000 moderate to severe L5-S1 spondylosis w/ impingement L L5 nerve root. Progress do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, 130/90. Using Vicodin prn. No change in tx. IME, Dr David Trotter orthopedist, 12/10/02 support unable to work normal occupation from 12/3/200 until present. Continued on IRR Diagnosis Lumbar spinal Operative report, Michael Alexiades orthopedist, 6/13/02 Left shoulder arthroscopy w/ IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator have hip surgery. Old benign tumor of femur compatible w/ chomdral lesion. BP 124/84. can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Impression low risk for planned surgery. superficial cartilage loss over R joint, subacrromial decompression & AC joint resection. Progress notes, Dr Roach, 9/27/02 cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since RECORD REVIEW Medical records reviewed include but are not limited to Lumbar MRI, arthroscopy w/ subacrromial decompression, distal claviculectomy, Work Demands Any Occupation. Incur Date 6/6/2000. Still has moderate impingement in shoulder. subacromial adhesions, MRI R Hip, 5/23/02 Title Wage & Salary Mgr. information to support LaRs. stenosis cervical DDD.

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	ASSESSMENT Based upon the medical data available at the time of the review, which	includes speaking with the attending internist, the L&Rs of no sitting for prolong	periods of time and the requirement that claimant be allowed frequent positional cl	including standing and laying down along with ability to apply ice to the back are		abnormalities in strength or ROM testing. Clinically measurable tests like an FCE		
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Internal Resource Response	06/09/2005 9:40:09 AM	b91996 Lon	C!
Referral Resource Role	Associate Medical Director		
Referral Resource Name	Scott Taylor		
Initiator Comments			
Insufficient space on IRR #1. Please complete on IRR #2. Scott C. Taylor, DO	lease complete on IRR #2.		

Referral Comments

DxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Alexiades, 4/16/03 R hip athroplasty & labrectomy. Cx had inverted abral tear. Anterior & posterior labrum removed in entirety. Progress notes, Dr Roach, prolonged periods of time, Unable to sit without frequent positional changes including osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation. Physical notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, standing and laying down. He must also be able to ice back. See Provider Contact Task. 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress class 5 Physical limitations incapable Supplementary Claim Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, remains asymptomatic. No change in Zestril. Get x-rays of neck. Cervical X-rays, 9/14/04 DDD with space narrowing & obs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for ran out of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ift/carry up to 10 pounds, push/pull up to 10 pounds, climbing. Dempsey Sprinfield Internal Medicine, 1/22/04 Disability Benefits Form, Dr Roach, 11/30/04 Continued from IRR #1...... Operative report, Dr

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procludes speaking with the accending internist, the back of he struing for provided periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented	ally measurable tests or docu	e back are not mented	
abnormalities in strength or ROM testing. Cinnically measurable tests like an FCE mignt be helpful in determining functional capacities. Scott C. Taylor, DO	inically measurable tests in	ke an FCE mignt	1
	04/28/2005 10:20:23 AM a66816		You
Claim Status Comments 04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, states cx unable to perform those DOT's, AMD to contact AP to discuss this reversal, after CM obtains updated 0/N from 08/01/04 through present.	ided L/R's for the DOT's foun D to contact AP to discuss th 08/01/04 throwah present.	d, and then is alleged	
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☑ With Restrictions			
Restrictions and Limitations			
Subjective/Objective Findings/Treatment			
		Andrewsky Apple Commence of the Commence of th	
Outstanding Issues and Follow-up Dates			
Stratony			
04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, states cx unable to perform those DOT's, AMD to contact AP to discuss this reversal, after CM obtains updated O/N from 08/01/04 through present.	ided L/R's for the DOT's foun D to contact AP to discuss th 08/01/04 through present.	d, and then is alleged	
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Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization	
	:
Functionality/Job Duties/Set Expectations	
Other Income Benefits	
Overall Commante	
04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.	ng, by o be ation
🧳 internal Resource Response 12/13/2004 3:46:23 PM hxjule	Tap
Referral Resource Role Vocational Rehab Counselor	
Referral Resource Name Holly Jule	
initiator Comments	
12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.	<u>.</u>
Wage Requirement is \$4,986.57 Monthly.	

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Investigation Result	
DOT'S for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on CX's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#187.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ	
internal Resource Response 11/18/2004 6:40:15 PM rxjenk	Top
Referral Resource Role Vocational Rehab Counselor	
Referral Resource Name Rosemary Jenkins	
Initiator Comments	
based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.	-p
MDSodders CM	<u>.</u> .
Referral Comments	
Investigation Result	,
Exploratory TSA	<u> 18</u>
An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.	
(2) Claim Strategy 11/09/2004 11:51:09 AM a66816	Top

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Continue of the Continue of th	Based on recview of current medical, and PAA, run Concurrently, send APS to CX for COD, LOV. If TSA	6	claim with NCM. on L/R provided. AP for comments	staffed y TSA c send to	11/03/04 E explorator positive, MDSodders
					Strategy
	;		ow-up Dates	Outstanding Issues and Follow-up Dates	utstanding
:					
			s/Treatment	Subjective/Objective Findings/Treatment	bjective/O
				Restrictions and Limitations	strictions
				rictions	With Restrictions
				Level of Functional Capacity	vel of Fun
		T.S.	positive, send to Ar for comments MDSodders CM	CM CO ME	MDSodders

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Request Sheet 5/16/05

Date Sent:

1. Please request the medical records and current tests from the following doctors:

Fax: 212-746-8127.

O/N ONLY from 08/01/04 through present

From: Mark Sodders x5693

Please refile claim after requesting.

Request Sheet

Date Sent:

March 4, 2005

1. Please request the medical records and current tests from the following doctors:

2nd Request the following

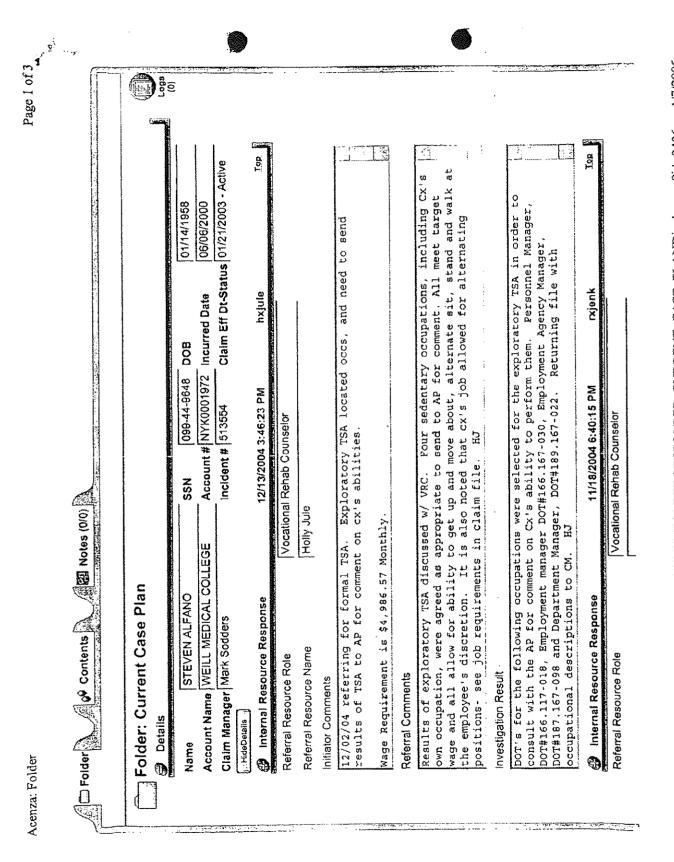
The January 20, 2005 letter to Dr. Roach asking for a review of the four DOT's.

- Please note that they received the DOT"s in their office as of January 27, 2005 (no need to send the DOT's again, just the 2nd Request Letter and the January 20, 2005 letter).
- Please provide a deadline of March 25, 2005, and in the absence of Dr. Roach's reponse by March 25, 2005, we will assume Dr. Roach is in agreement with his patient's ability to perform the occupations listed in the four DOT's.

From: Mark Sodders x5693

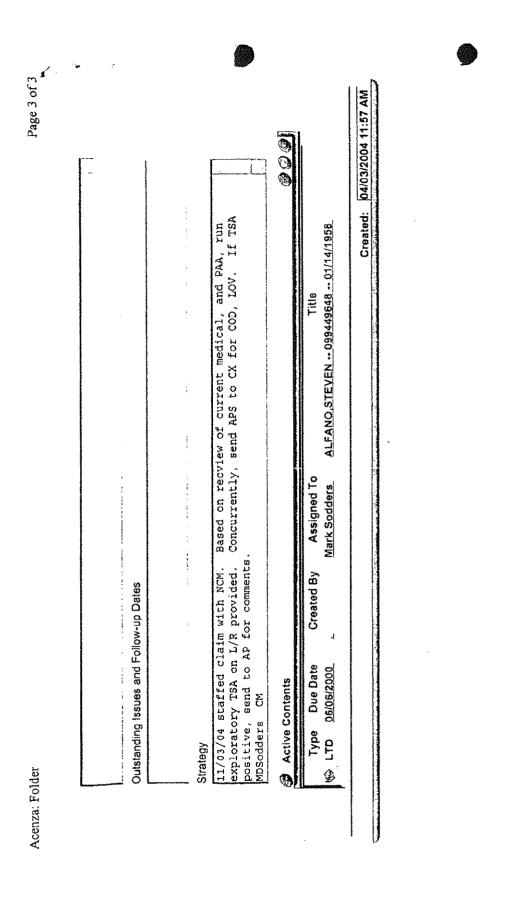
F. 212-746-8127 + 212-746-2879

Please refile claim after requesting.



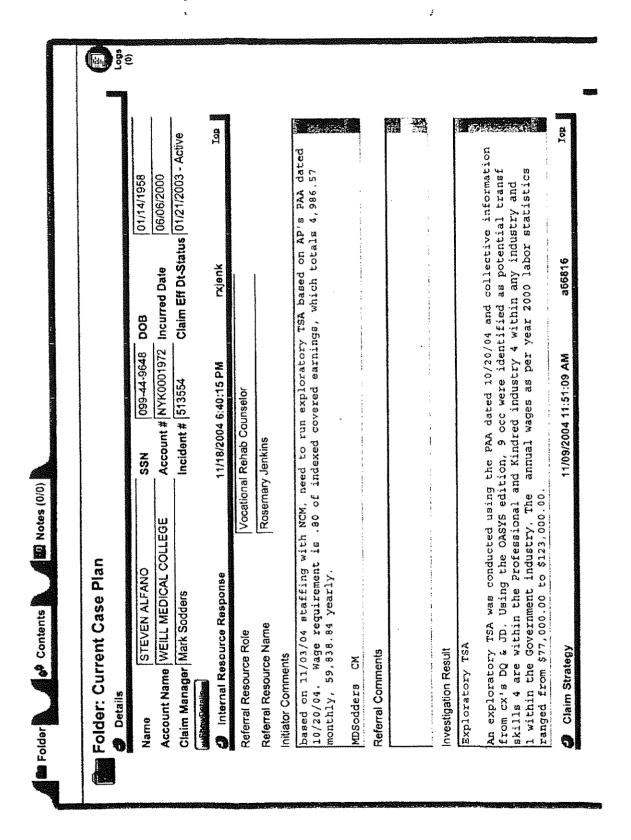
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https://dms-acclaim.group.cigna.com/accnza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=2426... 1/7/2005



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